



St. Paul Lutheran Church Confirmation Registration 2009-2010

Student Name and Grade:

Parent Name(s): _____

Address: _____

Phone: _____

E-mail Parent: _____

Email Student: _____

Allergies/special medical conditions: _____

Service in Worship: Please indicate how you will be assisting in worship this year. Check all that apply and indicate your service assignment preference.

acolyte/crucifer usher shadow bell choir nursery helper

voice choir lector band orchestra drama/skits

Service: 8am 10:30am

Suggested Donation: We are asking for a donation of \$20 per student this year to help cover the cost of materials and supplies. Please mark your payment specifically for confirmation with your name on it and return it to Jill or the church office along with your completed registration form. If this is a hardship for any family please see Jill or one of the pastors.