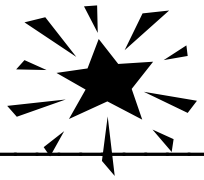
Confirmation Faith Event Form

Faith Lutheran Church



Student's Name_____

Date of event:_____

Name/description of event:_____

What was the **faith part** about?_____

What part did you **like?**_____

What did you **learn?**_____

Signature of parent or adult at event _____

Phone number:_____

Please complete this form and return it to the confirmation box.

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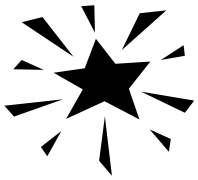

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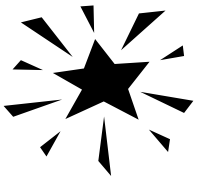

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