



Confirmation Worship Participation Form

Faith Lutheran Church



Student's Name _____

Date of worship participation: _____

Worship Service time and location: _____

What did you do? *Acolyte* *Hospitality Team* *Music* *Other* _____

What part did you like? _____

Was there anything you didn't like? _____

Signature of adult who saw you do this _____

Phone number: _____

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

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