

CONFIRMATION LEVEL ONE REGISTRATION: 2010-2011

Student Name _____ Telephone () _____

Middle School _____

Student Address _____
Street City Zip

INSTRUCTIONS. You will be assigned 8 workshops, 2 from each category. As some workshops are offered on limited dates, and registrations are handled on a *first come, first serve basis*, you may not get your first choices. We reserve the right to choose alternative dates or workshops.

STEP 1. Indicate your workshop preferences by 1, 2, 3, and 4 in each category.
(Advise us of any workshop you definitely do not want.)

BEING CATHOLIC

_____ Creed _____ Mary & the Saints _____ Eucharist _____ Sacraments

LIFESTYLE

_____ Teen Esteem _____ Choosing Wisely _____ Creating a Just Society _____ Stewards of God's Creation

PRAYER

_____ Advent (Nov. 20 only) _____ Discovering Prayer _____ Exploring Sacred Spaces
_____ Lenten Journey (March 26 only) _____ Why We Worship This Way

SCRIPTURE

_____ Jesus the Storyteller _____ Paul _____ Revelation _____ Biblical Sketches

STEP 2. Indicate your 8 preferred workshop dates. (Also advise us on any dates you definitely do not want.)
NOTE: There are only 7 Saturdays and 5 Tuesdays; therefore, everyone will have both days on their schedules.

_____ Tuesday, August 17, 6:30- 8:30 p.m. _____ Saturday, November 20, 9:15- 11 a.m.
_____ Saturday, August 21, 9 – 11 a.m. _____ Tuesday, January 25, 6:30- 8:30 p.m.
_____ Tuesday, September 28, 6:30- 8:30 p.m. _____ Saturday, January 29, 9 – 11 a.m.
_____ Saturday, October 2, 9 – 11 a.m. _____ Tuesday, February 22, 6:30- 8:30 p.m.
_____ Tuesday, October 26, 6:30- 8:30 p.m. _____ Saturday, February 26, 9 – 11 a.m.
_____ Saturday, October 30, 9 – 11 a.m. _____ Saturday, March 26, 9 – 11 a.m.

STEP 3. Parent Volunteer Request. Choose two dates you prefer to attend or if no particular preference, indicate Tuesdays or Saturdays, and we will place you in a workshop on the same day your child attends.

Parent Name (Print) _____

Parent's Telephone (H) _____ (C) Optional _____ (E-mail) _____

Choice #1 Date _____ Choice #1 Date _____ Any Saturday _____ Any Tuesday _____

STEP 4. Beginning Monday, March 29, mail to: **St. Walter Ministry Office Center**
Attn: Lorena DeMarco
140 W. Pine, Roselle, IL 60172
(630) 894-5880