



OUR LADY OF GRACE RELIGIOUS EDUCATION
THE SACRAMENT OF CONFIRMATION
SPONSOR ACTIVITY FORM

STUDENT'S NAME: _____

SPONSOR'S NAME: _____

DATE OF ACTIVITY: ___/___/___ TIME SPENT (HOURS): _____

DESCRIPTION OF SHARED ACTIVITY:

WHAT DID YOU LEARN BY DOING THIS ACTIVITY?

WHY DID YOU CHOOSE THIS PERSON AS YOUR SPONSOR?

APPROVED BY: _____

Approval required by Youth Minister or Confirmation Coordinator

DATE: _____