NAME: _____

CONFIRMATION SERVICE HOURS

DATE	DESCRIPTION OF WORK	NUMBER OF HOURS	SIGNATURE OF ADULT IN CHARGE OF WORK
	FAMILY HOURS (5)		
	CHURCH HOURS (10)		
	COMMUNITY HOURS (10)		

DUE SEPTEMBER 1st, 2020

PRAYER FORM

NAME _____

TYPE	LENGTH	DATE

DUE SEPTEMBER 1st, 2020