

# Confirmation Christian Education Credit Form

## 6 Credits Needed Each Year

Your Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Event or Class Name: \_\_\_\_\_

Date(s) and Time(s) of event: \_\_\_\_\_

What exactly did you do, talk about, or experience in this event?: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How did this affect your faith life? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Because of this event, what do you wish you knew more about? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What about this experience was most difficult for you? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What was your favorite part of this experience? \_\_\_\_\_

\_\_\_\_\_

Your signature: \_\_\_\_\_

Authorized Adult signature: \_\_\_\_\_