

PLEASE DUPLICATE THIS FORM AS NEEDED FOR YOUR SITE



FOSTERING FAITH

ATTENDANCE SHEET

(YEAR _____)

Site Parish _____ Presenter's Name _____

Vicariate _____ Deanery _____ Fostering Faith Course _____

NAME & PARISH (Please print clearly)	DATE _____ & Participant's signature	DATE _____ & Participant's signature	DATE _____ & Participant's signature	DATE _____ & Participant's signature
1.				
Parish:				
2.				
Parish:				
3.				
Parish:				
4.				
Parish:				
5.				
Parish:				
6.				
Parish:				

Please fax to: OFCYM (312-534-3801) or mail to: 3525 South Lake Park Ave., Chicago, IL. 60653 (Attention Juan Castillo)