

## Confirmation Scheduling Form - 2010

Name of Parish \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Contact Person for Confirmation \_\_\_\_\_

Approx. Number to be Confirmed: \_\_\_\_\_ Age Range \_\_\_\_\_

Number of Confirmation Liturgies that will need to be celebrated in your parish: \_\_\_\_\_

For EACH Confirmation Liturgy, please list FIVE dates and times that are acceptable. At least THREE of these dates must be weeknights.

Liturgy #	Date Preference	Time	Language
1.	1.		
1.	2.		
1.	3.		
1.	4.		
1.	5.		
2.	1.		
2.	2.		
2.	3.		
2.	4.		
2.	5.		
3.	1.		
3.	2.		
3.	3.		
3.	4.		
3.	5.		
4.	1.		
4.	2.		
4.	3.		
4.	4.		
4.	5.		

Special Considerations: \_\_\_\_\_

This form must be returned to Diane Taricco, no later than **Friday, January 30, 2009.**

By mail: 1105 North Lincoln Street, Stockton, California 95203.

By fax: (209) 464-3775. By email: dtaricco@stocktondiocese.org. Thank you.