

Student Name:_____

Confirmation Year 1 or 2 (Circle)

Teacher Name:_____

8100 Chapman Avenue Stanton, California 90680-3792 (714) 893-2766 · FAX (714) 898-6675

Date:	What Did You Do? (Please Include 2 Sentences As To How This Benefited the Community):	Hours:	Address and Phone Number	Advisor Signature:	At Church or Outside Event?
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*:	** WE WILL NOT ACCEPT IF NOT COMPLETELY FILLED OUT AND FRO				

Date:	What Did You Do? (Please Include 2 Sentences As To How This Benefited the Community):	Hours:	Address and Phone Number	Advisor Signature:	At Church or Outside Event?
	(nease include 2 sentences As to now this benefited the community).			Signature.	
*	↓ ** WE WILL NOT ACCEPT IF NOT COMPLETELY FILLED OUT AND FRO	ΜΙΙΝΔΡΩ	PROVED PLACES SLICH AS RUS		VSITTING ***