



**St. Genevieve Church
Parish School of Religion
Out of Parish Retreat Form**

Please Print

This form should be fully completed and turned in immediately after the student attends the retreat. The last day to turn this form in is the last day of confirmation class. Please be responsible and do not wait until last minute to turn this form in. Forms that are turned in late or uncompleted will not be valid and will result in you being unable to make your confirmation.

Student's Full Name: _____

Parent's Full Name: _____

Name of the Retreat: _____

Organization Putting on the Retreat: _____

Retreat Director's Name : _____ Phone Number _____

Email address: _____

Dates that the retreat occurred on: _____

Place where the retreat was held: _____

I hereby state that _____ (student's name above) attend the Catholic retreat that I directed. This student remained for the full length of the retreat.

Retreat Directors Signature: _____

Student Signature: _____