

RESTORE, RENEW, PROCLAIM: TRANSITION PLAN

Parish Name _____

City _____ Phone _____

Pastor _____

Faith Formation Coordinator _____

Year 2018-2019

Older children	Total number to be confirmed	# Guests per child including sponsor	Capacity of church	# of celebrations needed
Grades ____, ____,____,____				
Grade 3	Total number to be confirmed	# Guests per child including sponsor	Capacity of church	# of celebrations needed

Year 2019-2020

Older children	Total number to be confirmed	# Guests per child including sponsor	Capacity of church	# of celebrations needed
Grades ____, ____,____,____				
Grade 3	Total number to be confirmed and receive First Communion	# Guests per child including sponsor	Capacity of church	# of celebrations needed

Year 2020-2021

Older children	Total number to be confirmed	# Guests per child including sponsor	Capacity of church	# of celebrations needed
Grades ____, ____,____,____				
Grade 3	Total number to be confirmed and receive First Communion	# Guests per child including sponsor	Capacity of church	# of celebrations needed

Submitted by: _____ Email _____