

Messiah Lutheran Church
Confirmation Registration

Name: _____

Address: _____ City: _____

Postal Code: _____ Home #: _____

Parent Name: _____ Cell #: _____

Parent Name: _____ Cell#: _____

Confirmand's Cell#: _____

Preferred Name and # to contact: _____

Preferred Email: _____

School attending & Grade: _____

Please list health concerns/allergies (food or otherwise) :

Please list any medications: _____

Hobbies, Talents & Interests: _____

Please complete and email to Pastor Fran at: pastor.mlc@sasktel.net