High School Confirmation

Community Service Log

Name: _____

Date	Hours	Services performed	Supervisor Signature, Company, Email/Ph. #

Total Hours *Completed: _____

***A minimum of 10 hours is to be completed upon celebration of the Sacrament of Confirmation.**

Return all forms along with the event registration form to the Church office, 2309 Euclid Avenue, Austin, TX 78704

Lori Nava, Youth Minister **(512) 442-3602 Ext. 1031** **Email:** lnava@st-ignatius.org