

GRADUATE INFORMATION (Please complete and return on or before 5/27/18)

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1. Graduate's Full Name: _____

2. The school from which he/she is graduating: _____

3. Future Plans/Endeavors: _____

4. Name of College and Location: _____

5. Major Course of Study: _____

6. Liturgy your graduate will be attending (tentatively): Please circle one.

Saturday, June 16th 4:00 pm

Sunday, June 17th 8:00 am

Sunday, June 17th 11:00 am

7. Would like to participate as _____

8. Contact information: phone #: _____

9. E-mail address: _____

10. Please note any other information you feel is important for Jackie to have: _____

If you would like to participate with music ministry, please contact Nancy McNamara at

music@holyfamilyendwell.com