

# First Holy Communion Weekend Mass Option Form

Parents Name \_\_\_\_\_

First Communicant Name \_\_\_\_\_

Student Attends: \_\_\_\_\_ St. Columbkille 5 Day School

\_\_\_\_\_ Religious Formation \_\_\_\_\_  
Day Time

Parents Phone: \_\_\_\_\_  
(Home) (Cell)

E-mail Address: \_\_\_\_\_

*An e-mail will be sent to confirm acceptance of the date and time.*

Please check **one** Mass date/time:

### **Saturday, April 28, 2012:**

\_\_\_\_\_ 5:00 pm \_\_\_\_\_ 6:30 pm

or

### **Sunday, April 29, 2012:**

\_\_\_\_\_ 7:30 am \_\_\_\_\_ 9:00 am \_\_\_\_\_ 10:30 am \_\_\_\_\_ 12:00 pm

The First Communicant and a parent are required to attend the following First Communion practice:

Saturday April 28, 2012 10:00 am Church