

NAME \_\_\_\_\_ EVENT NUMBER \_\_\_\_\_

NOTRE DAME DE LA MER PARISH  
PARISH RELIGIOUS EDUCATION PROGRAM  
FAITH-FILLED EVENT RESPONSE

FAITH EVENT/EXPERIENCE \_\_\_\_\_

PLACE/VENUE \_\_\_\_\_

DATE HELD \_\_\_\_\_

DESCRIPTION OF EVENT \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

THE BEST PART WAS \_\_\_\_\_

\_\_\_\_\_

HOW DID THIS EVENT HELP YOU EXPERIENCE A COMMUNITY OF FAITH? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PLEASE ADD ANY OTHER COMMENTS ON THE REVERSE SIDE. YOU MAY ADD A PHOTO OR DRAW A PICTURE OF THE EVENT IF YOU'D LIKE.

\_\_\_\_\_  
PARENT/GUARDIAN/SPONSOR NAME & SIGNATURE