

# First Communion Celebration

Please indicate your first and second choice for your child's celebration. Every attempt will be made to accommodate your first choice.

Child's name \_\_\_\_\_

	<u>Choice</u>	* Number of Immediate <u>Family</u>	** No. of <u>Guests</u>
Saturday, May 16 5:00 p.m. Fr. John Zapp, Celebrant	_____	_____	_____
Sunday, May 17 8:30 a.m. Fr. John Zapp, Celebrant	_____	_____	_____
Sunday, May 17 11:00 a.m. Fr. John Zapp, Celebrant	_____	_____	_____

\* Immediate family is defined as parents, first communicant, and siblings of first communicant.

\*\* Extended family and friends who will be attending the liturgy.

Please list any circumstances that lock you into a certain mass/day.

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**Please return to Anne Weeks ASAP.**