

HANDMAIDS HOLY CHILD JUNIORATE AMUMARA

Holiday Report Form

Name of Candidate: _____

Parish: _____

Term: _____

Attendance at Mass: _____

Reception of the Eucharist: _____

Nature of Work: _____

How was the work done: _____

General behavior during the holiday: _____

Parish Priest Comment: _____

Signature of Parish Priest: _____