

# Retreat Experience

## Faith Formation St. Alphonsus – St. Louis

PLEASE PRINT

Name \_\_\_\_\_ Date \_\_\_\_\_

In which Confirmation Year are you currently enrolled? 1 \_\_\_\_\_ 2 \_\_\_\_\_  
3 \_\_\_\_\_

Church Parish: (Please Circle) St. Alphonsus St. Louis  
Other \_\_\_\_\_

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Name of the Retreat

\_\_\_\_\_

Location of the Retreat

\_\_\_\_\_

Date of the Retreat

\_\_\_\_\_

1. Description of talks and activities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. The most important things I gained from this experience was....

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Something I learned about my relationship with God was.....

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

