

**DIOCESE OF GAYLORD † OFFICE OF CATHOLIC SCHOOLS**

**CATECHETICAL FORMATION**

**School Minister Catechetical Formation Summary Report**

School \_\_\_\_\_ City \_\_\_\_\_

School Year August 1, \_\_\_\_\_ - June 30, \_\_\_\_\_

Principal \_\_\_\_\_ Pastoral Delegate/Pastor \_\_\_\_\_

School Minister (Teacher Name)	Retreat		Formation			Formation		
	Hrs.	Date	Hrs.	Date	Topic	Hrs.	Date	Topic

Pastor/Pastoral Delegate Signature \_\_\_\_\_

Date \_\_\_\_\_

Principal Signature \_\_\_\_\_

Date \_\_\_\_\_