ARCHDIOCESE OF CHICAGO

CATECHIST CERTIFICATION

Parish Request Form for Certification Retreat

Parish:	**Vicariate:** **Deanery:**
Address:	**City, State, Zip Code:**
Contact Person:	**Contact's Title:**
Contact's Phone Number:	**Contact's Email Address:**

Details (*) Required

Location of Retreat* (if different from above):

Date*: _____/____/_____

Time*: ☐ 9:00 am - 2:00 pm (suggested) ☐ _____ (min. 5 hours)

Number of Participants*: _____ (max. 50)

Please mark ☐ **Yes** if you are willing to host participants from other parishes

If you are joining with another parish, please provide the name of the parish and the number of participants from that parish.

Name of Parish: _____ Number of Participants: _____

If you are joining with more than one parish, please provide their information in a separate document and email along with this form.

Language*: ☐ English ☐ Spanish

Facilitated by:

Thank you for filling out the form. The details provided will help us in scheduling your retreat. If you are providing your own facilitator, the administrative cost to our office will be $6 per catechist. The facilitator will be contacted by our office to coordinate the retreat. If you need our office to provide a facilitator, the cost will be $25 per catechist, with a minimum of 25 catechists needed. It is highly recommended to join/collaborate with nearby parishes. Please contact the office at email below for further information. Hosting site will provide basic material and A/V equipment, when available, as well as light breakfast and lunch. Facilitator will arrive at least 30 minutes prior to set up their material and equipment. Please make sure they have access to the building and room upon arrival. By signing this, you acknowledge you have read and agree with the above.

x_____

Email this form to **certification@archchicago.org**