



CATECHIST CERTIFICATION

School Request Form for Certification Retreat

School:	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 schools

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

Name of School: _____ Number of Participants: _____

If you are joining with more than one school, 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 \$10 per teacher. 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 teacher, with a minimum of 25 participants needed. It is highly recommended to join/collaborate with nearby schools. 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