Catechist Formation Annual Plan

School __________________________
School Year August 1, _____ - June 30, _____

Pastoral Delegate/Pastor __________________________

Retreat(s) (one 8 hour retreat or two 4 hour retreats)

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<th>Date</th>
<th>Location</th>
<th>Hours</th>
<th>Topic</th>
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☐ Mass will be celebrated  ☐ Reconciliation will be offered

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Formation

1. Topic
   a. Instructor
   b. Resource
   c. Scheduled Dates
   d. Number of Hours

2. Topic
   a. Instructor
   b. Resource
   c. Scheduled Dates
   d. Number of Hours

3. Topic
   a. Instructor
   b. Resource
   c. Scheduled Dates
   d. Number of Hours

If more space is needed attach an additional page.

A minimum of 20 hours is required, with 8 hours being a retreat.

Pastor/Pastoral Delegate Signature __________________________ Date __________

Due to the Office of Faith Formation, dfoye@dioceseofmarquette.org by September 30.