

“Yes! I Have a Graduate to Celebrate” Form

Please return this form by Sunday, May 17 to the Main Office. Thanks!



Person Completing Form: _____ Date: _____

Email: _____ Cell Phone: _____

What is the full name of the person who is graduating in your family (First, Middle, Last) and graduation date:

_____/_____

They are graduating from (Name of Institution): _____

High School College or University Trade School Professional Program / Other

Their plans after graduation are: _____

Yes, our family will be in worship on Sunday, June at 10 AM.

*Please email a photo for the slide show
to admin@cofumc.org*

Does your graduate have any food allergies? Yes (please specify) _____ No

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They are graduating from (Name of Institution): _____

High School College or University Trade School Professional Program / Other

Their plans after graduation are: _____

Yes, our family will be in worship on Sunday, June 7 at 10 AM.

*Please email a photo for the slide show
to admin@cofumc.org*

Does your graduate have any food allergies? Yes (please specify) _____ No