**General Reflection Form**

Name:

Activity:

Date/s:

Describe what you did:

What did you enjoy most?

How or where was faith expressed through this experience and/or where did you see God?

What is one question you now have?

Signature of Parent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Pastor, Youth Director, or Confirmation Mentor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_