

ST. CLARE OF ASSISI YOUTH MINISTRY  
**Proof of Retreat Attendance**

Name of Retreatant: \_\_\_\_\_

Classification:      Pre-Confirmation      Confirmation Prep

Organization/Parish Coordinating the Retreat: \_\_\_\_\_

Retreat Location: \_\_\_\_\_

Retreat Dates: \_\_\_\_\_

This was an:      Overnight retreat      Day retreat      Virtual retreat

*I certify that, to the best of my knowledge, the teen on this form attended and participated in the entirety of the retreat listed above. I verify that this retreat was both developmentally appropriate and has sufficiently afforded the teen the opportunity to encounter God.*

\_\_\_\_\_  
(Supervisor Signature)

\_\_\_\_\_  
(Date)

Supervisor contact info: \_\_\_\_\_

\_\_\_\_\_

Any questions, comments, or concerns can be directed to Madeleine Vuyk.

**Elizabeth “Eli” Selmarten**  
Director of Youth Ministry  
(281) 286-7729 (Ext. 136)  
[elizabeth.selmarten@stclarehouston.org](mailto:elizabeth.selmarten@stclarehouston.org)

**For SCA Staff ONLY:**

**For the Participant:**

*(Please note: You do not need to write an essay, but please use complete sentences and use this space to reflect on and share about what you experienced.)*

Please share one thing that you learned or enjoyed about this retreat experience.

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What part most impacted your relationship with the Lord? How might your relationship look different going forward?

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**For SCA Staff ONLY:**