

Learning Our Faith Together

(LOFT)

**PLEASE RETURN THIS FORM TO THE RELIGIOUS
EDUCATION AFTER YOU ATTEND LOFT. PRINT BELOW:**

NAME OF LOFT: **HOLY HOUR**

DATE ATTENDED: _____

LOFT HOURS: _____

NAME:

FAMILY ROLE :

GRADE:

(FIRST AND LAST)

(PARENT OR STUDENT)

CONTACT PHONE#: _____



Holy Hour Worksheet- Please fill this sheet out and return it to the Religious Education Office to receive credit for LOFT. You cannot receive credit unless this is turned in.

1. Date attended : _____

2. Describe one thing you saw. _____

3. What prayers did you say during the Holy Hour? _____

4. What questions were asked at the q&a? _____

5. How did praying in silence make you feel? _____

6. What was your favorite question? Why? _____
