

ST. JANE DE CHANTAL CATHOLIC CHURCH & ST. MICHAEL MISSION
PARISH SCHOOL OF RELIGION

Gown Measurements and Card Information

Name: _____

Address: _____

City: _____

Parent's Name: _____

Confirmation Name: _____

Sponsor's Name: _____

Height: _____
(From top of head to floor with no shoes)

Weight: _____

Chest/Bust Measurement: _____

Return on or before October 3