Scripture Reflection

Name: _____(First & last name must be legible)

Grade: _____ Date: _____

Mass times: Sat. eve. at 5:00pm
Sunday 8:00am, 10:00am, 12:00pm and 5:30pm

Name of Priest/Deacon presiding: _____
Mass Time: _____

Attend Mass and listen carefully to the Readings making a mental note of whatever stands out for you. ***Later at home***, write a brief explanation of what stood out for you and why.

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Immediately after the Mass you attend, have the priest sign below:

Priest/Deacon signature: _____

Please note that the priests will be made aware that they should not sign the paper until **after Mass.**

Hand in at your monthly class

Our Lady of Grace Faith Formation
700 Albin Ave.
West Babylon, NY 11704