

**CONFIRMATION MENTOR**

Covenant Form

First United Methodist Church of Dexter  
2014

Your Confirmand's Name \_\_\_\_\_

Mentor Information:

Your Name \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

**Fax to: 573-624-1964**

**Email to: barrywinders@gmail.com**

**\*\*Please plan to attend our Mentor Training  
on Wednesday, January 14, 2014  
from 6:30 -7:30 p.m. in Wesley Hall.\*\***

Mentor's Signature \_\_\_\_\_