

**Province of St. Elias  
Lay Carmelites**

**Attendance Record**

**Phase II Year 2 Formation**

Name of Member \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ E - Mail \_\_\_\_\_

Name and Location of Community \_\_\_\_\_

Formation Director \_\_\_\_\_ Telephone \_\_\_\_\_

E - Mail \_\_\_\_\_

Phase II must be a minimum of twenty-four (24) months.

**Formation Meetings**

*(Meetings are to be a minimum of two hours)*

<u>Lesson No.</u>	<u>Date</u>	<u>Present</u>	<u>Reason for Absence/Make-up Date</u>	<u>Instructors Initial</u>
13	_____	_____	_____	_____
14	_____	_____	_____	_____
15	_____	_____	_____	_____
16	_____	_____	_____	_____
17	_____	_____	_____	_____
18	_____	_____	_____	_____
19	_____	_____	_____	_____
20	_____	_____	_____	_____
21	_____	_____	_____	_____
22	_____	_____	_____	_____
23	_____	_____	_____	_____
24	_____	_____	_____	_____

Manner in which absences are made up: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

