

Antioch Retreat

Registration - Application for St. Francis de Sales Antioch Retreat
January 13, 14, 15, 2017

Cost: \$50.00 per attendee

(Please complete the entire application)

Name: _____ Date: _____

Mailing Address: _____

City: _____ Zip Code: _____ Home Phone: _____

Actual Street Address: _____

School Attending: _____ Grade: _____ Age: _____ Birth Date: _____

Emergency Contact(s) & Phone Number(s): _____

Indicate Pertinent Medical History: (e.g., allergies, medications, special diets, chronic ailments, etc.)

NOTE: the kitchen at the church is not an allergy free kitchen; we will do our best to plan meals for all participants, but if your teen requires a special diet please make sure we know and feel free to send in back up meals/snacks so they feel safe with their choices.

Are you a St. Francis de Sales Confirmation candidate? Yes _____ No _____

If not what Church/Parish do you belong to? _____

I would like to come on this retreat because: _____

The Candidate: I plan to experience the **entire** 2 ½ day Antioch Retreat January 13, 14, 15
(Friday evening 6:45pm – 10:00pm, return Saturday 8:00am overnight to Sunday 3:00pm).

Candidates must be able to attend the entire retreat weekend. This is extremely important for the flow of the retreat experience for a young person and the Community. Candidates will not be allowed to leave the retreat unless there is an emergency, and must be signed out by a parent or guardian.

The candidate's signature: _____ Date: _____

Parental/Guardian Permission:

I give full permission for my daughter/son to participate in the Antioch retreat held by St. Francis de Sales Parish on Friday, Saturday and Sunday, January 13, 14 & 15 in the St. Francis de Sale's Parish Center. I understand that this event is being carefully and professionally planned. I will receive full information regarding regulations and guidelines by mail and will assist in any way possible. I fully expect to be notified if my child is disrespectful or uncooperative.

Parent/Guardian Name (please print) _____
Parental/Guardian Signature _____ Date _____

If medical attention is required in the course of the retreat I hereby give my permission for my son/daughter to be treated. I understand that every effort will be made to contact me at either of the telephone numbers listed above.

Parent/Guardian Name (please print) _____
Parental/Guardian Signature _____ Date _____

Registrations Must Be Submitted Prior To December 11, 2016