

**“The Great Adventure”
Spring Retreat 2008 April 4-6 2008**

St. Elizabeth Ann Seton Overflow Program
Information Sheet and Parental Permission Form
For Overflow Retreat Participants

When: Friday April 4 --- Sunday April 6th
Registration: 5:30 PM at St. Elizabeth Ann Church
Please park cars in far Southeast corner
Departure: 5:45 pm promptly
Location: YMCA Camp Kitaki Louisville NE
Transportation: From St. Elizabeth Ann by Laidlaw Busing
Emergency Contact: Ann Lamoureux 402-212-0480
 Joe Sund: 402-612-2775
 Camp Kitaki (402) 234-4141
 Parish Office/Rectory - 402-493-2186
Deposit Information: \$35 due by March 12th 2008
Total Retreat Cost: \$70 due by March 30th 2008

Note: Space is limited, so reserve your spot on the retreat with a deposit as soon as possible! Please be sure to complete all the information requested on form.

Dinner will NOT be provided on Friday. Please eat before you come to church. All other meals for the weekend will be included. We will return to St. Elizabeth Ann on Sunday around 4:30 pm. Dinner will be provided for teens and their families. We will have Overflow Mass at 5:30 pm, but there will be no O-Night. Please return forms to Ann or Joe. Further questions please call Ann or Joe.

WHAT TO BRING	WHAT NOT TO BRING
Sleeping Bag, Pillow, Flashlight	CD Player, Cell Phone
Personal hygiene items, Towel	Radio, Perishable food
Bible, Rosary, Prayer Book	Liquor, Illegal Drugs
Snack to share with the group	Tobacco Products
Open Mind, Heart, and Soul	

Name _____ **Grad Yr (03)** _____ **D.O.B.** _____ **T-Shirt Size** _____

Address: _____

City: _____ **Zip:** _____ **Phone:** _____

Parental Consent

Parent's Name (please print clearly): _____

We/I hereby consent for our/my child/children _____ to participate in the Overflow Retreat and consent to the conditions as described previously. By consenting, we/I hereby release St. Elizabeth Ann Church and the Archdiocese of Omaha of responsibility in case of injury. We/I also request that Father Dvorak or his designated to issue emergency medical assistance if required.

Parent's Signature: _____

Emergency Contact (Please Print): _____

Emergency Contact Phone Number: _____

Please provide the following information.

Physician Name: _____

Phone/Address: _____

Insurance Co. _____ **Policy #:** _____

If your child has an existing medical condition or is taking any medication we should be aware of, please indicate below.

Child	Medicine/Condition
_____	_____
_____	_____

Teen Agreement

Please accept my application to attend this retreat. I understand that by requesting to attend I promise to cooperate with Father, the Core, and the Holy Spirit. I understand the intention of this retreat is the help deepen my relationship with God and my community. I promise to follow instructions and to be open with my peers. I also realize violation of the retreat rules may result in being sent home.

Teen _____ **Signature** _____

