

Life Teen 2012 Retreat: Joyful Noise

When: March 23–25 , 2012

Where: Phillip-Bongiorno Center
430 Union Hall Rd
Carlisle, PA 1715

Check In: March 23, 6:30-7:00pm Retreat center

Pick Up: March 25, 6:15pm Warrell Social Hall


Cost: \$50.00 includes meals, lodging and an amazing retreat experience

Teens in grades 9–12, join us for the spring Life Teen Retreat: “Joyful Noise”. Using music and the Psalms as a basis, the goal of this retreat is to bring teens into intimate and honest relationships with God through the Sacraments, Scripture, prayer, worship and community. This is an amazing opportunity you don’t want to miss!

***Please complete the form below, and the permission slip and submit it with the retreat fee: \$50, at Life Teen or to the Saint Patrick Office, by 2/26/12**

Checks payable to: Saint Patrick Church

Additional information available at Life Teen or by contacting Heather Howie at hhowie@saintpatrickchurch.org or 243-4411 x122.

*Financial assistance is available upon request. 

Life Teen 2012 Retreat: “Joyful Noise”



Name: _____ Shirt Size _____

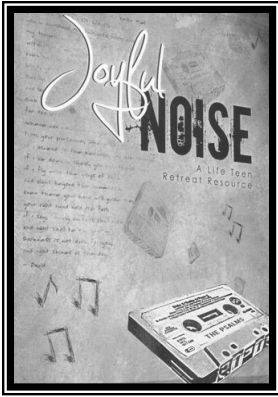
Address: _____

City, State, Zip _____

Phone: _____ Date of Birth: _____

Email: _____ Male _____ Female _____





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Check in is Friday March 23rd at the Bongiorno Center from 6:30-7:00pm. Please eat before you come.

What to bring:

- Sleeping bag and pillow or linens (you will be on bunk beds)
- Toiletries
- Wash cloth and towel
- Change of clothes (or two)
- Jacket or Sweatshirt (weather permitting, we will be outside for some activities)
- Bible
- Rosary
- Great Attitude and a Willingness to go deeper in your faith!



The following MUST be turned off during the retreat sessions: cell phone, electronic devices (MP3 players, iPods, video games, etc.). The idea is to get away from the distractions of everyday life, and the things that would keep us from focusing our attention on God.

Additional information available at Life Teen or by contacting HeatherAnn Howie
at hhowie@saintpatrickchurch.org or 243-4411 x122.

DIOCESE OF HARRISBURG
OFFICE FOR YOUTH AND YOUNG ADULT MINISTRY
Saint Patrick Church - Carlisle, PA

PARENTAL PERMISSION AND CONSENT TO TREAT FORM

Participant's Name: _____ Birth date: _____

Participant's Address: _____

Parent/Guardian's Name: _____

E-Mail Address: _____

Home Address: (if different from above) _____

Home Phone: _____ Work Phone: _____

I, _____, grant permission for _____
(Name of parent or guardian) (Name of child)

to participate in the following event: **Saint Patrick Life Teen Retreat – March 23 – March 25, 2012 – Bongiorno Conference Center, 430 Union Hall Road, Carlisle, PA (including transportation by private adult-operated vehicle back to Marsh Drive at the conclusion of the retreat on March 27). You are responsible for your transportation to the retreat.**

I understand that the program will have competent adult supervision and reasonable and appropriate measures will be made to minimize the risk of injury and/or accident. I understand and have been informed that taking part in this youth event involves the risk of injury.

I hereby grant my consent for staff members and/or adult volunteers under whose auspices the program is conducted, to secure all necessary emergency medical care and/or treatment that may be necessary for my child during the entire event including any necessary transportation, if provided by a staff member or adult volunteer. I release and hold harmless any said staff member or adult volunteer from any liability, who in good faith is placed in a position requiring decisions to be made for emergency care or medical treatment of the above-named young person. In case of accident, injury or loss, neither my family nor I will hold the diocese, the parish, nor any person or affiliate organization associated with the event, responsible or liable.

In the event of an emergency, if you are unable to reach me at the above number, contact:

Name and Relationship: _____

Phone: _____ Additional Phones: _____

Please complete both sides

Family Physician: _____ Phone: _____

Allergic reactions (medications, foods, insects, etc): _____

Medication(s) currently being taken: _____

Child/Youth will have medication with him/her: yes no

My child has special medical/mental conditions: Yes No (if yes, please describe)

Insurance Company: _____ Policy Number: _____

Parents/guardians of participants are advised that photograph or videotape of participants may be used in publications, websites or other materials produced from time to time by the Office for Youth and Young Adult Ministry or the Diocese of Harrisburg or St. Patrick Church, Carlisle. (Participants would not be identified, however, without specific written consent.) Parents/guardians who do not wish their child(ren) to be photographed or filmed should so notify the Office in writing. Please note that the Office has no control over the use of photographs or film taken by media that may be covering the event in which your child(ren) participate(s).

Parent/Guardian/Chaperone Signature

Date

****Adult participants need only provide contact information and medical information.***