Retreat: [ ] Ages 14—17 [ ] Ages 9-13 [ ] Ages 18+

 **29th - 30th March 5th - 6th April 11th – 13th April**

**Name of child** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Contact no**.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Sex:** [ ] Female [ ] Male

**Age last birthday**: \_\_\_\_\_\_\_\_\_

**Community:** [ ] Grande Riviere [ ] Gros Islet [ ] Monchy

**Special Needs:** [ ] None [ ] Vegan/Vegetarian [ ] Lactose Intolerant

 [ ] Nut Allergies [ ] Gluten Intolerant [ ] Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Fee $60.00:** [ ] Enclosed [ ] Will be made at Registration

 I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_hereby give consent for my child to participate in the Lenten Retreat *(Print name of Parent/Guardian in Block Letters*

and community outreach.

I agree that I will be called to collect my son/daughter/ward should he/she be involved in any behaviour deemed inappropriate by the Retreat Team.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature of Parent/Guardian Parent/Guardian Telephone number

 ✂\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 To be retained by Parent/Guardian

|  |  |  |  |
| --- | --- | --- | --- |
| **Youth Lenten Retreat** |  **Age Group 14 - 17****(March 29 & 30)** | **Age Group 9 - 13** **(April 5 & 6)** | **Age Group 18+** **(April 11 - 13)** |
| **Registration** | **8:30 a.m.**  | **8:30 a.m.** | **7:00 p.m.**  |
| **Saturday Pick-up** | **7:00 p.m.** | **5:30 p.m.** | **8:00 p.m.** |
| **Sunday Drop-off** | **9:30 a.m.** | **9:30 a.m.** | **7:15 a.m.** |
| **Sunday Pick-up** | **3:00 p.m.** | **3:00 p.m.** | **12:00 p.m.** |