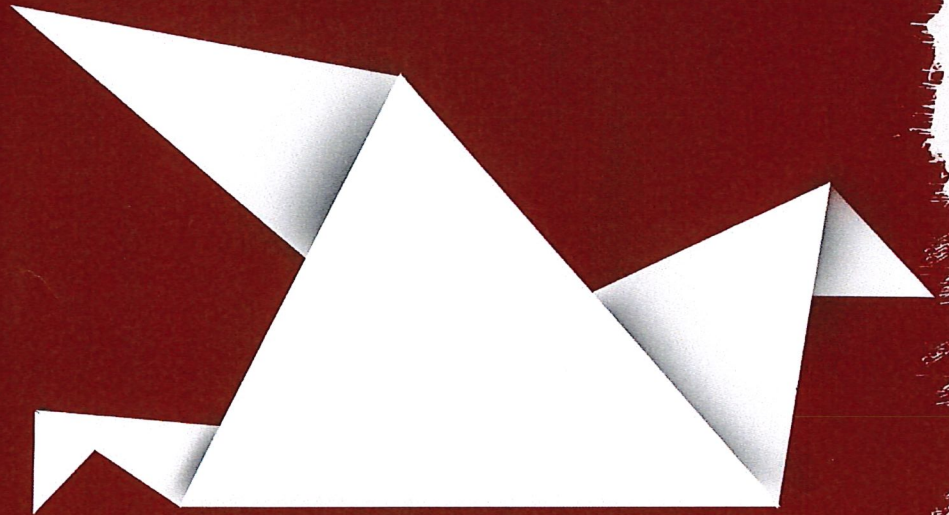


December 2-3 @ SLUMBER FALLS



ONEIGHT
CONFIRMATION
RETREAT

\$40

PER STUDENT

STUDENT DROP OFF AT 9AM
At 3610 River Road, New Braunfels

PICK UP After 11:15 AM Mass Sunday

DEADLINE: November 27



CONFIRMATION RETREAT

December 2-3, 2017

Slumber Falls Camp, New Braunfels

- Drop Off:** Parents will drop off teens at 9 am at Slumber Falls Camp (3610 River Road, New Braunfels, 78132)
- Pick Up:** We will be attending the 11:15 Mass together. You may pick your son or daughter up after Mass.
- Cost:** \$40
- Meals:** Will be provided
- Bring:** Sleeping bag, pillow, clothes for Sunday suitable for Mass, Pajamas, towel, toiletries, jacket, tennis shoes, flashlight
- Deadline:** Return the attached parent permission form and retreat fee by Monday, November 27
- Reminder:** We do have Oneight on Sunday evening

Love Letters

For every retreat we collect letters of love and support from family and friends for the retreatant to receive while on his/her retreat. These letters are very important to the teens, so please make sure you gather as many letters/cards as you can. **These letters should be turned into the church office by Friday, December 1.**

PARENT PERMISSION FORM
Confirmation Retreat

This is to certify that my son/daughter _____, has my consent to attend the Confirmation retreat on December 2-3, 2017 sponsored by the Office of Youth Ministry at Sts. Peter and Paul Church, New Braunfels, Texas. I hereby release the **Office of Youth Ministry, Sts. Peter and Paul Church, and the Archdiocese of San Antonio** from any liability for injuries or fatalities suffered by my child while he/she is under the supervision of the sponsors of these activities.

Date Parent's Name (please print) Parent Signature

Student's Name: _____

Date of Birth: _____ Home Phone: _____

Is she/he allergic to any type of medication? Yes _____ No _____ If yes, please indicate

Is she/he presently taking any prescription medication over an extended period of time?

Yes _____ No _____ If yes, what is the medication and what is it for?

Does your son/daughter have any allergies? Yes _____ No _____

If yes, what are they? _____

In case of accident, I hereby give my permission for any responsible adult to give emergency medical treatment to my son/daughter.

Parent's Signature

Insurance Co. Name: _____ Ins. Co. Phone: _____

Address: _____ Identification #: _____

Group or Plan #: _____

In case of emergency, and if I am not available, please notify:

Name: _____ Relationship: _____ Phone: _____

I give permission for my son/daughter's picture to be used on the website or other advertising for Youth Ministry

(Parent Signature)

Parent Email Address _____