

Confirmation Retreat



Sunday March 11, 2012

Location: Harvest House

1782 Seneca Street Buffalo 14210

www.harvesthouse.ws

2:00 PM

7:00 PM Parents Arrive for Closing Prayer Service

8:00 PM Depart

We look forward to our last official gathering before Confirmation! Harvest House offers a comfortable relaxed setting for our day together. Dinner is included and parents will join us for our closing prayer service.

Please complete the permission form below and return it by our next session February 9th. Keep the top part of the form for your reference.

If you have a conflict with this date you must contact Mrs. Brennan or Mrs. Spear as soon as possible to work out an alternative to the retreat.

Confirmation Retreat Permission Form

DATE: Sunday, March 11, 2012

LOCATION: Harvest House, 1782 Seneca Street Buffalo 14210

TIME: 2 PM–8PM

My son/daughter has my permission to attend the Confirmation Retreat. I understand that it will take place at Harvest House and that I will provide transportation for my child.

I recognize and acknowledge that there are risks in my child's presence and participation in the Confirmation Retreat. I agree to indemnify, hold harmless, waive and relinquish all claims I may have against the St. Joseph University Parish including any negligence claims on their part and its officers, agents, employees, representatives or volunteers arising out of the transportation to and/or from the event or in connection with any claims arising out of or caused by any activity my child participates in while at the event.

I give permission for photographs or video of program participants including my child to be used in publications, web sites, brochures, flyers or other promotional materials produced from time to time by St. Joseph University Parish.

Youth Participant's Name

Address

City

State

Zip

Please list any allergies we should be aware of _____

IN CASE OF AN EMERGENCY I CAN BE REACHED AT DURING THE RETREAT:

Name _____

Phone (Home) _____ (Work) _____ (Cell) _____

Relative/Neighbor _____ Phone _____

Signature of Parent or Guardian

Date