

Diocese of Kamloops Youth Retreat with *FacetoFace Ministries*

Friday April 22: check in at 5:30pm

Saturday April 23: 8:30am – 10pm

Sunday April 24: departure after breakfast

St. John Vianney – 2826 Bank Road, Kamloops, B.C.

For more information visit www.rcdk.org

HOME PARISH: _____

EVERY CARE AND ATTENTION WILL BE GIVEN TO THE HEALTH AND COMFORT OF THE PARTICIPANTS

I hereby authorize the coordinator of the event to secure such medical advice and services as may be deemed necessary for the health and safety of myself, or my son/daughter (or ward). I agree to accept financial responsibility in excess of the benefits provided by Provincial Health. I give full permission for my son/daughter to attend this event in the location of KAMLOOPS occurring on the Friday April 22 – Sunday April 24, 2016

Signature of Parent/Guardian Date: _____

Participants Name: _____
Surname *Given Name*

Birth date: _____ Male _____ Female _____
* Youth above 19 years old are required to fill-up security protocol forms. Please request a copy from Adele Huculak.

Address: _____

City *Province* *Postal Code*

Parent or Guardian (or spouse if applicable) _____
Surname *Given Name*

Phone # Home: _____ **Business:** _____ **Cell:** _____

Address: (if different from above) _____

City *Province* *Postal Code*

If the above are unavailable in an emergency, please notify.

Surname *Given Name* **Phone # Home** _____
Business _____

Address

Provincial Health Insurance Number(s) _____

Cardholder Name: _____

Other Hospital Insurance Number (s) _____

Family Doctor _____ Phone _____

In order that the staff provide the best care for your child, the following information would be useful:

Do you have any special instructions for staff regarding the applicant's care and/or diet?

Medications: _____

Does the applicant have allergic reactions to such things as drugs, food, insect stings, etc? If so, please list, giving type of reaction, treatment given, etc:

I consent to having photographs/video of my child(ren) used by DIOCESE OF KAMLOOPS in the Diocesan newspaper, the FAITH IN ACTION DVD and other promotional material.

Parent/Guardian Signature: _____ Date: _____

Registration fee is \$25.00 which is due to your parish by April 8.

Late registration fee is \$45.00 due no later than April 11 to your parish.

Please Note: Make cheques payable to your parish

Event shirts will be provided for free.
Please encircle your preference
(subject to availability):

Youth Size: YM YL

or

Adult Size: XS S M L XL XXL

Shirt Colour: GREY PURPLE





A WEEKEND RETREAT FOR YOUTH TO ENCOUNTER CHRIST AND EMBRACE THE CALL TO BE SAINTS

Thank you for signing-up for DYR2016. Listed below are details you may want to know.

DYR2016	SCHEDULE
<p>Who: Youth Grades 7-12</p> <p>When: April 22 - 24, 2016</p> <p>Where: St. John Vianney Catholic Church, Kamloops</p> <p>Registration: Submit registration form and payment to your parish. Make cheques payable to your parish.</p> <p>Cost: \$25/person by April 8</p> <p>Late registration: April 11, 2016 cost is \$45/person</p>	<p>* All meals from Friday evening to Sunday morning are provided</p> <p><u>FRIDAY, April 22</u> 5:30 Registration 6:00 Supper 7:00 Program 10:00 Wrap up for the night</p> <p><u>SATURDAY, April 23</u> 8:00 Breakfast 8:30 Program 10:30 Snack 10:45 Program 12:30 Lunch 1:30 Program 5:00 Mass (fulfills the Sunday obligation) 6:00 Supper 6:45 Program 8:00 Adoration 9:00 Program 10:00 Wrap up for the night</p> <p><u>SUNDAY, April 24</u> 8:00 Breakfast 8:30 Community Check 10:00 Wrap up/ Departure</p> <p><i>Participants and their families are welcome to attend Mass at 10:30am at the St. John Vianney Church</i></p>
<p>WHAT TO BRING</p>	
<p>Towel Sleeping bag/ bedding Pillow Toiletries Water bottle Appropriate clothing Nice clothes for Mass & banquet on Saturday Medication (clearly labeled) Bible/Rosary</p>	
<p>Contact your Parish Youth Coordinator for more information.</p>	