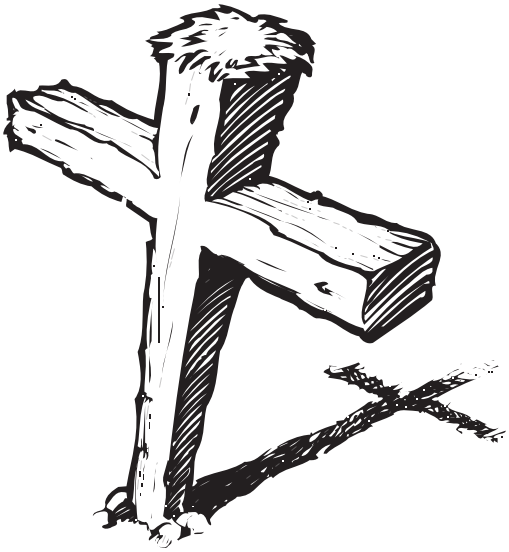
Annunciation Youth Ministries Presents...

A Junior High Fall Retreat

Friday, November 20th, 2009, 7pm
to Saturday, November 21th, 2009, 6pm

Annunciation Church
& Chaska Community Center



What Happens?

- Outrageous Skits
- Crazy Games
- Reflective Time
- Small Group Discussions
- Inspiring Presentations
- Deeper Bonding
- Large Group Discussions
- Simulation Games
- And More...

What to Bring?

- Flashlight
- Sleeping bag and pillow
- Casual clothing for indoors
- Swimsuit
- Slippers
- Toilet kit and towel

What NOT to Bring?

- Cell Phones

Cost?

$40 before November 11th, $50 after November 11th. Retreat fee helps defray the cost of transportation, lodging and meals.

How Do I Register?

Universal Medical Form required! If not already on file, extra forms are available outside the Youth Room and on the Annunciation website. Have a parent complete a Universal Medical Form, Permision slip and turn in with a $40 payment by Wednesday, November 11th to Annunciation Youth Ministries, 509 W. 54th Street, MPLS, MN 55419. Make checks payable to Annunciation Church. Financial Aid Available.

Questions?

Call Jimmy Dunn at 612-824-9993 x243, voicemail 506 or you can send an email to: jim.dunn@annunciationmsp.org

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FOR PARENTS:

I give permission for my child _____ to take part in the Junior High Fall Retreat sponsored by Church of the Annunciation. In consideration of the opportunity for my child to participate and fully recognizing that such an undertaking involves an element of risk, we assume all risks and hazards incidental to such participation and so hereby release, absolve, indemnify and agree to hold harmless the Archdiocese of St. Paul and Minneapolis, the Church of the Annunciation, their agents, employees and officers, and the chaperones, leaders, organizers and sponsors and the persons transporting our child to and/ or from these activities. Neither the Archdiocese of St. Paul and Minneapolis, the Church of the Annunciation, nor any of said persons shall be held financially responsible for any injury, illness or death incurred as a direct result of this activity. We, the undersigned, have read this release and understand all its terms and execute it voluntarily and with full knowledge of its significance. In the event of an emergency and we cannot be contacted, we hereby authorize that emergency treatment may be administered.

I UNDERSTAND IF THERE ARE ANY CHANGES WITH THE UNIVERSAL MEDICAL FORM ON FILE, IT IS THE PARENTS OR YOUTHS RESPONSIBLILTY TO UPDATE THIS INFORMATION WITH AYM.

PARENT SIGNATURE: _____