



Christian Awakening Senior Retreat XXVI
January 12-15 2018
Senior Retreat Registration Form



The Carmel Deanery Christian Awakening Senior Retreat is a powerful weekend experience that allows high school seniors to encounter the living God. This weekend provides the chance to develop authentic Christian community, participate in the Sacraments, develop Catholic faith, and enhance or begin a friendship with Christ. It is recommended for all seniors, regardless of previous engagement in religious life. It is our hope that EVERY SENIOR who attends will walk away with his/her life changed. This is truly an awakening.

RETREAT INFORMATION

Location: **St Joseph Retreat Center, 1440 W Division Rd, Tipton IN 46072**
 Duration: **Friday, January 12, 2018, at 6:30pm through Monday, January 15, 2018, at 6:30pm**
 Cost: **\$ 120 per student** if Registration form is turned in by **December 20, 2017**
\$130 per student if Registration form is turned in after December 20, 2017
 Checks can be made payable to the "Carmel Deanery."
 Financial assistance is available. Please do not let the cost be a reason not to attend.
 Cost includes everything for the weekend: Lodging, food, retreat materials, & T-shirt.
 A nonrefundable \$60 deposit is due at the time of submitting your registration.
 Details: Further information, packing list, and driving directions **will be sent to registered seniors.**

Name _____ Gender: M F Birthday: _____

Address: _____ City: _____ Zip: _____

Phone: (____) _____ Parish: _____

Senior's Email: _____ T-Shirt: S M L XL XXL

Father's Name: _____ Cell Phone: (____) _____

Mother's Name: _____ Cell Phone: (____) _____

Please complete if a parent lives at address other than one listed above:

Address: _____ City: _____ Zip: _____

We as parents/guardians of the above child hereby consent and agree to hold harmless the parishes of the Carmel Deanery and/or the Roman Catholic Diocese of Lafayette-in-Indiana, Inc., and any and all employees or volunteers thereof, for any accident, injury or occurrence arising out of, or in connection with the aforementioned activity.

I give my permission for my son/daughter, in case of an emergency, to be taken to a physician or hospital by an adult retreat team member. I understand that every effort will be made to contact me. If I cannot be reached, I hereby give permission to the physician selected by the adult retreat team member to secure proper treatment for my child.

My child may be given: **(Please Check one)**

non-prescription medication (Tylenol, cough drops, throat lozenges, etc...)

no medication unless emergency treatment is required

Parent/guardian Signature: _____ Date: _____

Insurance Policy Name: _____ Number: _____

Please send completed forms, \$60 deposit and questions to
Stacy Costa, 9900 E. 191st St., Noblesville, IN 46060
 Early Registration Date: **December 20, 2017** Final Registration Date: **January 10, 2018**