

REBOOT II REGISTRATION FORM
(Young Adult Retreat 2019)

Name _____ Address _____

Cell Phone # _____ Email Address _____

Please list all medical conditions/medications/allergies that we should be aware of. Please also include any dietary restrictions. This will be kept confidential.

I would like to participate in St. Catharine's Reboot Retreat on June 8th from 9:00 a.m. to 6:30 p.m., which will be held in the Holmes Building at 905 S. Maple Avenue, Glen Rock, NJ. In the event of an emergency, the following individual may be contacted:

Emergency Contact Name _____ Relationship to Individual _____

Home Phone # _____ Cell Phone # _____

Medical Release: In the event of an emergency where medical treatment is necessary, I give permission for the St. Catharine's CYO Staff to obtain the services of a licensed physician.

Printed Name of Individual _____ Signature of Individual _____ Date _____

(cut here and save bottom portion for yourself)

WHEN

Saturday
June 8th, 2019

WHERE

St. Catharine's Holmes Building
905 S. Maple Avenue
Glen Rock, New Jersey

This retreat is open to any individual who graduated high school in the years 2018, 2017, 2016, and 2015. The day will include talks, small groups, large group discussions, and Mass right in the Holmes Building!

Start Time: 9:00 a.m. with a light breakfast

End Time: 6:30 p.m.

Cost: **\$20** per person, includes three meals!

Checks must be made to St. Catharine's Youth Ministry.

Please Contact Rosemary Miller with any concerns and questions