

registration cont.

Health Insurance Co: _____
 Policy #: _____
 Primary Care Physician: _____
 Phone of Physician: _____

Health Release

I hereby certify that the above information is correct and give permission to be transported in privately owned vehicles for medical emergencies, and for the release of medical records to an attending health care professional in case of illness. I understand that every effort will be made to contact the emergency contact. If one cannot be contacted, I hereby give permission for a qualified physician to secure proper treatment for me.

Signature _____
 Date _____

Release From Liability

I hereby release St. Christopher Church from any and all liability or responsibility for any damage or injury to my person or property, or any other loss, I might incur in connection with or as a result of my participation in this Event: **"Soul Food" YA Retreat, Feb. 19-21, 2010 at Camp Stella Maris, 4395 East Lake Road, Livonia, NY 14487**

Signature _____
 Date _____

*Make Checks Payable to **St. Christopher Church**

*All \$ given is non-refundable

*Registration & Payment due by

February 12, 2010 & should be sent to:

Maranda Skolen,
 21A Beaman Road,
 Rochester, NY 14624

Amount Paid \$ _____ ck # _____ cash

f.a.q's

What should I bring?

- Bible, Notebook/Journal & Pen
- Casual Warm Clothing
- Toiletries & Towel
- Sleeping Bag/blankets & pillow
- Board games, Frisbees, etc. for free time
- A Snack to share
- Guitar or musical instrument if you have one!

Can I invite others to come?

- YES! As long as they are a Young Adult (18+)
- Simply give them Retreat Info or pass along the contact information!

What if I can't afford the \$ cost?

- Please don't let that stop you, give what you can & please come!
- If anyone has a few extra bucks\$ to help offset the cost for those who need it, we would appreciate it!



Questions?

Contact **Maranda Skolen:**

585-643-5555 or marandaskolen@hotmail.com

OR Yanina Rivera:

585-705-1595 or yanina_lr_yockel@yahoo.com

"Your words were found, and I ate them, and your words became to me a joy and the delight of my heart; for I am called by your name, O Lord, God of hosts."
 -Jeremiah 15:16-

Soul Food 2010



**Catholic
 Young Adult
 Retreat**

**February 19-21
 @ Camp Stella Maris
 Livonia, NY
 Wegman House**

*Sponsored by
 St. Christopher's Young Adult Ministry
 & SOUL FOOD Retreat Ministry*

Soul Food

A Catholic Retreat for Young Adults Let's get away together & get refreshed

quick facts

- What:** Escape the busyness of life back at home or school, meet new friends and hang out with old ones, quiet time, play games, worship & meet with God, hear great Catholic talks, small group discussions, Adoration of the Blessed Sacrament, Confession, Mass, Good Food & much more!
- Who:** YOU & other Young Adults (18-35ish) from throughout W. New York... Invite Friends!
- When:** February 19-21, 2010 - 1st weekend of LENT!
Start Time: Friday @ 6:30pm
End time: Sunday @ 1:30pm
- Where:** Camp Stella Maris, 30 mi. South of Rochester, nestled right on the shore of Conesus Lake!
- Cost:** \$60 pp for the WHOLE weekend!



retreat location Camp Stella Maris

There is something about getting out of the city and being in the wilderness, surrounded by trees, lakes and starry skies. There's something simple, something freeing. Escape with us to Camp Stella Maris on Conesus Lake!

We will be staying in the newly built Wegman House, a beautiful Lodge overlooking the lake filled with numerous cozy nooks for relaxing & conversation, beautiful floor to ceiling windows, comfortable and modern bunk rooms and a wonderful Great Room with Fireplace and plenty of comfy couches where we will spend the majority of our time together!

We will also have a room reserved for individual prayer and quiet time that you can retreat to throughout the weekend!



Registration

Name _____

Address _____

Home Phone _____

Cell Phone _____

E-mail _____

Age _____ M/F Single/Married/Children

Student: Y/N School Year _____

College Name _____

Parish Affiliation _____

Please list any Special Needs or Health Concerns we should be aware of (dietary, medical, allergies, etc.) _____

Birthdate ____/____/____

Emergency Contact _____

Relationship to You _____

Phone # _____

