



Date: December 7–9, 2007
Time: Fri, 5:00 PM–Sun, After Mass
Place: St. Francis Retreat Center, CA
Reg Fee: \$80 (for registered students)
\$100 (for non-registered students)

Forms DUE by Sunday, Dec, 2nd.

*Parents: Drop off at church by 5:00 PM on Fri.
Pick up at church after Sunday Mass*

DO YOU SEE WHAT I SEE?

HIGH SCHOOL RETREAT

IT'S FINALLY HERE...

High school students!!!

The retreat is being planned and prayed about as we speak and we (the counselors, staff, and church) are super excited and we really, really hope you join us.

We invite you to a weekend of peace, hope, and fun. Is there anything better than that?

Really, is there?

So, turn in this permission slip by next week to "see what we see." Hmm...

You can't come out if you don't bring...



Personal Hygiene (e.g. toothbrush, soap)
Comfortable clothes and shoes

Warm jacket

Journal

Camera, but NO ipods, mp3 players, PS2's, etc.

One package of snacks to share for the road!!!

An open mind and heart

Notes to Parents:

- Please return permission slips by **Sunday, December 2nd** OR e-mail psuk0110@gmail.com.
- Drop students off at **5:00 PM** on Friday, December 7th.
- Pick up **after MASS** on Sunday, December 9th.
- Please do not let students bring anything that may be a distraction (e.g. electronics such as PS2's, etc. Cell phones are OK, as long as they are turned off.)
- **If you need to contact your child during the retreat, please call Philip Suk at (510)754-3436.**

The staff and Fr. Kim are looking forward to a fun and prayerful weekend with your children.

THE DIOCESE OF SAN JOSE PARENTAL PERMISSION FORM



531 EAST WEDDELL DR. • SUNNYVALE • CA • 94089 • TEL: (408) 734-9721 / 9722

Activity:	High School Retreat December 7 th -9 th , 2007
Location:	St Francis Retreat Center, CA
Cost:	\$80 (for registered Students) \$100 (for non-registered Students)

Participant's Name:	_____	Baptismal Name:	_____				
Email:	_____						
Address:	_____	Phone:	_____				
City:	_____	Zip:	_____	Grade:	_____	Birthday:	___/___/___
Parent's Name:	_____	Parent's Phone:	_____				

Person(s) other than Parent to notify in case of emergency:	
Emergency Contact: _____	Phone: _____

Medical Insurer: _____	Policy Number: _____
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I, the parent (guardian) of the above named child, hereby give my permission for his/her participation in the activity named above. I agree to direct my child to cooperate and conform to the directions and instructions of the leaders responsible for the activity.

I am not aware of any medical condition of my child that would make it inappropriate for him/her to participate. In case emergency medical attention is required, I hereby give permission for treatment that is deemed necessary and appropriate by the responding medical physician.

Execution of this document is not a waiver of any rights against any responsible party in the event of an accident caused by a third party, including an employee of the Diocese of San Jose.

Parent/Guardian Signature: _____ Date: _____

Other Parent/Guardian Signature: _____ Date: _____

Comments, requests: _____

Office Use:
PAID: YES: _____ CASH: _____ CHECK: _____ check #: _____