



Date: November 16-17, 2007
Time: 6:00 PM-9:00 AM
Place: Holy Korean Martyrs
Reg Fee: \$10

*Parents: Please drop off at Church at 6 PM
Pick up at Church Saturday at 9:00 AM*

JUNIOR HIGH LOCK-IN!!!!!!

Junior high students!!!

Wanna stay up all night hanging out with your friends? Wanna have fun playing great games? Wanna see the awesome stuff we have planned for you?

Then yozzzzzzzzzzzzour

You can't get in if you don't bring...



**Warm Sleeping Bag,
Thick Sleeping Mat
Soft Pillow
Clean Towel
Personal Hygiene (e.g. toothbrush)
Comfortable clothes and shoes
Warm jacket
One package of snacks to share!!!
YOUR ENTHUSIASM!!**

Notes

- Please return permission slips by **Sunday, November 11th**!
- **OR** e-mail Phil to reserve a spot at psuk0110@gmail.com.
- Meet at Church at **6:00 PM** on Friday, Nov 16th!
- Get picked up at **9:00 AM** on Saturday, Nov 17th!
- Please do not bring any thing that may be a distraction (e.g. electronics such as cell-phones, CD players, books, etc.)
- Do bring an open mind, prayerful mood, and a fun attitude

The counselors are looking forward to a fun weekend with you all. See you then.

THE DIOCESE OF SAN JOSE PARENTAL PERMISSION FORM



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

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| Activity: | Junior High School Lock-in November 16-17, 2007 |
| Location: | Holy Korean Martyrs Catholic Church |
| Cost: | \$10 |

Participant's Name: _____ Baptismal Name: _____

Email: _____

Address: _____ Phone: _____

City: _____ Zip: _____ Grade: _____ Birthday: ____/____/____

Parent's Name: _____ Daytime Phone: _____

Person(s) other than Parent to notify in case of emergency:

Emergency Contact: _____ Phone: _____

Medical Insurer: _____ Policy Number: _____

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: