



"A Night to Remember"

...a Lenten All-Night Retreat

April 2-3, 2026

Journey with us for a powerful experience, walking with Jesus his last days on earth!

All 9th – 12th graders

All college students

Come join us for a special "Night to Remember"

The cost of the retreat is \$45.00 which includes Seder Meal, Dinner, snacks, t-shirt and materials.

You need to bring your.....

*Sleeping bag and or/air mattress/foam and pillow (air mattress is best the floor is very hard)

*Comfortable clothes

*Personal care items, tooth brush, etc.

*Hand towel, wash cloth & soap,

***Bible & Rosary**

Where will this overnigher take place?

St Jerome Church (St Joseph's Hall) We will spend the night in the hall.

Please do not bring...

***Cell phones, *I-pods, *Electronic devices of any kind**

The retreat begins with...

Check-in 4:00 – 4:30 on April 2

The Seder Meal will start at 5:00

Holy Thursday Mass begins at 7:00

The retreat will conclude after the Good Friday Service which begins at 3:00 on April 3, 2026.

All family members are invited and encouraged to attend Good Friday Service at 3:00.

Our youth will be a big part of the Service.

Fill out registration form and permission/health form and return it with a check made out to St Jerome Youth Ministry.

Mail to: Brenda Neumann, Youth Minister 308 Avalon Drive Troy, IL 62294

Please have registration in by March 11, 2026. (Late registrations may not receive a t-shirt) If you have any questions please call: Brenda Neumann 618-975-5907, or email bneumann@stjeromeparish.org. During this retreat if you have an emergency and need to reach me you may call my cell phone 618-975-5907.

Return this registration form along with medical/permission form and check for \$45.00 by March 11, 2026 to Brenda Neumann, Youth Minister 308 Avalon Drive Troy, IL 62294.

Participant's Name _____

Address _____ Phone _____

Adult Shirt Size: S M L XL XXL

School _____ Parish _____

Age _____ Grade 9 10 11 12 College 1 2 3 4

Email _____
(Youth) (Parent)

Hold Harmless/Consent to Treat/Parental Permission

Participant's Name _____

Parent/Guardian Name _____

Home Phone _____ Parent Cell Phone _____

Youth/College student Cell phone _____

In the event that a parent cannot be reached please contact _____

Phone Number _____ Relationship to child _____

Physician _____ Physician's Number _____

Insurance Carrier _____ Policy Number _____

Any allergies, Handicaps, Dietary Restrictions, (vegetarian, etc.) or other conditions that apply

I, the undersigned parent/legal guardian of _____

In consideration of my child's participation in "A Night to remember" retreat, sponsored by St Jerome's Parish in Troy, and held at St Jerome's church, do hereby agree to hold harmless the Diocese of Springfield, St Jerome Parish, and any and all of its agents, employees, chaperones, volunteers, and other adults as official agents of the above named parish, and diocese from any prosecution resulting from injury/death of my child as a result of participation in this activity. I do understand that my child will be spending the night in the church.

Further, in the event of injury to my child, and I cannot be reached I hereby give permission for necessary medical treatment to be performed by a physician should the need arise.

I also indicate by my signature that I have been informed of my child's participation in this activity and that I hereby give my consent for my child to participate in said activity.

I also understand that masks will be optional.

Signed

(signature of parent/guardian if under 18)
(college student signature)

(date)

(print parent/guardian)(college student)

RELEASE FOR USE OF PHOTOS PLEASE CHECK ONE AND SIGN

St Jerome Church has my permission to use pictures of my child on the parish website, bulletin, Catholic Times and local paper. The pictures will be used to show the community the youth/young adult's participation in events at our parish.

YES

NO

(Parent's signature if under 18) (college student)