



**"A Night to Remember"**

**...a Lenten All-Night Retreat**

**April 18-19, 2019**

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

**All 9<sup>th</sup> – 12<sup>th</sup> graders**

**All college students**

**Come join us for a special "Night to Remember"**

The cost of the retreat is \$30.00 which includes Seder Meal, Dinner, snacks, t-shirt and materials.

**You need to bring your.....**

\*Sleeping bag and or/air mattress/foam and pillow

\*Comfortable clothes

\*Personal care items, tooth brush, etc.

\*Hand towel, wash cloth & soap,

**\*Bible**

**Where will this overnigher take place?**

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

511 South Main Street

Troy, IL 62294

**Please do not bring...**

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

**The retreat begins with...**

Check-in at 4:00 on April 18

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 19, 2019.

**All family members are invited and encouraged to attend the Good Friday Service.**

**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 April 7, 2019. (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](mailto: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 by April 7, 2019, 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 \_\_\_\_\_

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

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