RELEASE FORM

The undersigned	parent of		requests our child be
allowed to partici	ipate in the SPIRITUS	Confirmation Retreat. S/he being	a minor, we hereby release and
agree to hold har	mless Mount Tabor C	enter or any of its advisors, chaper	ones or persons connected with
the retreat from	any liability, claims	or damages for personal injury, p	roperty loss or other damage:
which may result	during the retreat. Th	e undersigned parent consents to t	he use of likeness in any manne
relating to comm	unication production	n in any media. The undersigned $_$	
<i>.</i> •	abide by the rules ar ansportation to and	nd established for the SPIRITUS Co from this retreat.	nfirmation Retreat. Parents are
Signed this	day of	, 20	
(Signature of Parent)		(Si	gnature of Participant)

AUTHORIZATION FOR MEDICAL TREATMENT

•	•	ministration of anesthesia, and surgical treatment(s) for my minor		
son/daughter		in the event of a medical situation occurring during my absence		
or when the hosp	ital or physician(s) a	re unable to contact me. This authorization extends to any hospital,		
physician(s) and	nursing personnel	within the hospital or employed by the physician as well as any		
physician and physician(s) staff where treatment is rendered in the physician's office. I release medical responsibility and liability the hospital, physician(s) and nursing personnel for performing medical				
necessary for my	minor child.			
6. 1.1.				
Signed this	day of	20		

Submit completed form and payment to:

Mount Tabor Center

(Signature of Parent)

522 Second Street Menasha, WI 54952

Call Annette Hovie at 920-722-8918 x 0 for more information.

Registration deadline is the Monday prior to the retreat of your choice.

Retreat space is limited.



Small Parish and Open Confirmation Retreats



One Day Retreats 9 AM - 5 PM Cost: \$40 per student

March 15, 2020 April 19, 2020

Overnight Retreats 10 AM - 10 AM Cost: \$65 per student October 19-20, 2019 February 15-16, 2020 March 21-22, 2020

Held at Mount Tabor Center, Menasha

An exciting retreat where you can connect with Jesus and others who are on the Confirmation journey.



FAQ's

Where is the retreat being held?

Mount Tabor Center 522 Second Street Menasha, WI 54952

Directions to Mount Tabor can be found on our website at: www.spiritusministries.org/mtcdirections

How do I know I am registered for this retreat?

You will receive an email confirming your registration.

How do I get to the retreat?

Students are responsible for their own transportation to and from Mount Tabor Center. Free parking is available.

What should I bring with me?

All you need to bring is an open heart. For an overnight retreat, students should also bring a change of clothes and personal toiletries. Bedding and towels are provided.

Electronic devices are not permitted on retreat.

Students are asked to set aside cell phones and electronic devices for the duration of the retreat. SPIRITUS Missionaries will collect devices at the beginning of the retreat and return them when the retreat is completed.

How can I be reached during the retreat?

In the event of an emergency, your family can reach you at this number: (920) 385-1576 -- day of retreat ONLY

Should I bring food with me?

All meals are provided by Mount Tabor Center. You may bring a snack if you wish. All food and beverages must be kept in either the kitchen or dining room; not bedrooms.

Gluten-free bread, peanut butter and jelly are available at every meal. If you have special dietary restrictions, feel free to bring food with you. A kitchen is available for storing food items. Appliances are also available if needed.

Will I be attending Sunday Mass during the retreat? Yes, Mass will be part of your retreat.

SPIRITUS Ministries **Confirmation Retreat Registration Form and Permission Slip**

Check the retrea	t of your choice.			
Day Retreats 9 AM - 5 PM Cost: \$40 per student Includes retreat and lunch Sunday, March 15, 2020 Sunday, April 19, 2020	Overnight Retreats 10 AM - 10 AM Cost: \$65 per student Includes retreat, 3 meals and overnight accommodations Saturday-Sunday, October 19-20, 2019 Saturday-Sunday, February 15-16, 2029 Saturday-Sunday, March 21-22, 2020			
PLEASE COMPLETE ALL PARTS OF THIS FORM STUDENT INFORMATION				
Student's Name:				
Address:				
City:	State: Zip:			
Home Parish:	City of Parish: Grade:			
ENTEROFINOV CONTACT INFORMATION				
EMERGENCY CONTACT INFORMATION				
Parents (s) Name:				
Home Phone:				
Work/Cell Phone:				
E-mail for confirmation of your registration:	(This will only be used to confirm your registration.)			
MEDICAL CONCERNS				

Please list any medical conditions, allergies or dietary needs which would affect your participation in this event.

*Parishes with 8 or more students are required to provide a chaperone.

Complete back side of this form