

Confirmation Retreat

What YOU NEED to Know

Every confirmation candidate is required to attend one of the two Confirmation Retreats. The following is the basic information every parent and candidate needs to be aware of.

DATES – The Retreats will be held on two dates. You are scheduled to attend the same retreat that
your Confirmation Mentor is attending. Find your mentor on the list below, and mark your calendar
for that retreat.

Saturday, September 13, 2014	Saturday, September 20, 2014	
David Addy	Sally Anglim	
Marie Behnan	Denise Bell	
Shawn Filbin	Tom Capruscio	
Maureen Galle	Gregg Christenson	
Ed Golda	Jennifer Fritsch	
Claudia Grobbel	Mary Gregory	
Andy and Christina Groen	Lisa Juriga	
Michelle Ingraham	Cecilia Mrock	
Karen Marcus	Chris Novak	
Geri McLean	Jason Spranger	
Lori Mejaly	Steve and Becky Sutara	
Annette Pohlman	Mary Watson	
Val Serio	Chris Wesley	
	John Weston	

- LOCATION The Retreat is at Columbiere Retreat Center in Clarkston. Parents are responsible for dropping off and picking up their teens. The address is below, and a map is provided in this packet.
 - Colombiere Conference and Retreat Center 9075 Big Lake Rd.
 Clarkston, Michigan 48346
- TIME: 9:00 AM to 2:00 PM (please have the teens arrive by 8:45 if possible)
- COST \$40 per participant covers our costs for food, facilities, and materials.
- WHAT ARE THEY GOING TO DO? The retreat has been planned by our staff, will include presenters from our staff and others from the Archdiocese. The day will include:
 - Exciting Activities and Engaging Content
 - Light Breakfast and Lunch
 - Prayer and the Sacrament of Reconciliation
 - Cell phones are permitted for emergency use only. Phones being used for non-emergency purposes will be confiscated and returned to the parents after the retreat.

Each family must fill out the attached permission form and return it with a check or cash for the \$40 fee

by August 15th, 2014 to:

St. Andrew Religious Ed., 1400 Inglewood, Rochester, MI, 48307

PARENT PERMISSION FORM FOR FIELD TRIP PARTICIPATION

Dear Parent or Legal Guardian:

Your son/daughter is eligible to p transportation to a location away fro the guidance and supervision of em	om the school premises, This	activity will take place under
Parish. Name of Event: Confirm of Event: Columbier	ation Retre	at
Destination: Columbier	e Retreat Ce	enter
Designated Supervisor of Activity:		
Date and Time of Departure:	m - 2 pm	
Date and Time of Departure: $\frac{GA}{A}$ Method of Transportation: $\frac{PGC}{A}$	ent Drop off	1 Pickup
Student Cost: #40		
If you would like your child to partion following statement of consent and a fully responsible for the actions and continuous	elease of liability. As parent of	
**************************************	TEMENT OF CONSENT******	*********
I hereby consent to participation by revent described above. I understand grounds and that my child will be employee on the stated dates. I furting the method of	d that this event will take place under the supervision of the ther consent to the conditions s	e designated school/parish
In consideration of my child being behalf of myself and my child, to rele Roman Catholic (Arch)diocese of organizations, their employees, a (collectively "Releasees"), from any a by me or my child, or on behalf of m the field trip. In the event this release unenforceable, I hereby agree to inclaims, including negligence, which marising from or relating to my child's added not apply to claims for intention or indemnification apply to the extense or Indemnification shall applicable to any claim.	gents and representatives, is and all claims, including neglige y child, arising from or relating e on behalf of myself and/or myndemnify and hold harmless Reparticipation in the field trip. The nal misconduct or gross negligent of commercial insurance covers.	School and/or Parish, the, and any and all affiliated including volunteer drivers nce, which may be asserted to my child's participation in child is held to be invalid or deleasees from any and all hild, or on behalf of my child, is release of indemnification ence; nor does this release erage for any claim, but this
	(Print Parent's Name)	
	(Parent's Signature)	(Date)
Please return this entire form by:	to	
	(Date)	(Person)

