

RETREAT PARTICIPATION FORM

Dear Parent or Legal Guardian:

Your son/daughter is eligible to participate in a school/parish-sponsored activity. This activity will take place under the guidance and supervision of employees from Holy Name School and/or Parish. A light lunch will be provided.

NAME OF EVENT: Confirmation Retreat

LOCATION: St. Anne Hall, Holy Name Church

DESIGNATED SUPERVISOR OF ACTIVITY: Meg Eib, Director, Faith Formation

DATE AND TIME:

- *Faith Formation Students:* Sunday, January 28, 2018 following the 12 noon Mass to 5:30pm
- *Holy Name, A.S.H. and U of D Students:* Thursday, February 8, 2018 8:50am(arrival) to 2pm

STUDENT COST: \$40 (checks made payable to Holy Name Faith Formation)

RETURN THE FOLLOWING BY JANUARY 8, 2018:

- Payment of \$40
- Bottom portion of this form
- Medical Treatment Release Form
- Release for Dispensing of Medication

-----Return Bottom Portion-----

My child will attend the Confirmation Retreat at Holy Name Church on (check one)

[] **Faith Formation Students** Sunday, January 28, 2018 from 1pm to 5:30pm

[] **Holy Name, A.S.H. & U of D Students** Thursday, February 8, 2018 from 9am to 2pm

(Print Child's Name)

(Parent's Signature)

(Date)

(Parent Contact Number)

Please return to the Faith Formation Office by Monday, January 8, 2018

Holy Name Faith Formation, 630 Harmon Street, Birmingham MI 48009