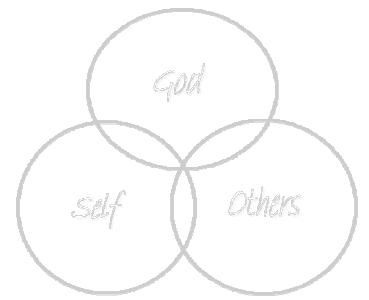


QUEST



JANUARY 28-29

LA SALLE MIDDLE SCHOOL

A RETREAT FOR HIGH SCHOOL FRESHMEN AND SOPHOMORES.

What is Quest?

Quest is an overnight retreat for freshmen and sophomore students. It's a chance to get away from the regular routine, meet new people, talk about important life and faith issues and, of course, have fun!

Important Information

- ◆ Quest is held at **LaSalle Middle School (3700 1st Ave. NW CR)**
- ◆ Doors open at **1:00pm on Saturday Jan. 28th** Please do not arrive before then. The retreat ends at **3:00pm on Sunday Jan. 29th.**
- ◆ Quest is a very popular retreat and there is limited space so get your registration in early!
- ◆ Cost is **\$35.00 per person**. Checks can be made payable to the Archdiocesan Deposit and Loan.
- ◆ Registration forms need to be returned to St. John Parish by **Friday, Jan. 20th.**
- ◆ Participants must commit to being present the entire retreat

Contact your parish youth minister for more information.

JOIN US ON THIS WONDERFUL JOURNEY TO DISCOVER MORE ABOUT YOURSELF, OTHERS AND GOD. THE WEEKEND INCLUDES MEANINGFUL CELEBRATIONS OF RECONCILIATION AND EUCHARIST.

What to Bring

Casual Clothes	Towel	Flashlight
Personal Items	Pillow	Snack to Share
Sleeping Bag	Air Mattress	

Please do not bring anything that would be illegal, immoral, or disruptive to the spirit of the weekend.

Use of cell phones is not permitted during the retreat.

PLEASE RETURN REGISTRATION FORM AND FEE TO:
(PAYABLE TO ARCHDIOCESAN DEPOSIT AND LOAN)

ST. JOHN THE BAPTIST PARISH
SARAH CASEY
212 7TH ST. SE BOX 169
MOUNT VERNON, IA 52314

Off-site/Field Trip Permission Form

School/Parish/Program Name: Cedar Rapids Area Quest Retreat

Date: January 28-29, 2012

Grades: 9-10

Person in Charge: Cedar Rapids Area Youth Ministers (CRAYM)

Event and Purpose: Retreat for freshmen and sophomores

Cost of the Event: \$35

Location: La Salle Middle School

Name _____ Parish _____

Address _____

School _____ Grade _____

Section 1 - By signing this section, I (parent/guardian) certify that I request and give my permission for _____ to attend this event.

(name of student/participant)

Further, I have previously completed the *Annual Parental/Guardian Consent Form and Liability Waiver* and agree to the conditions as set forth.

Parent/Guardian Signature: _____ Date: _____

Contact Phone number(s) _____

Section 2 - Nonprescription Medication Permission - By signing this section, I hereby grant permission for nonprescription medication (such as ibuprofen, Tylenol, throat lozenges, etc.) to be given to my child.

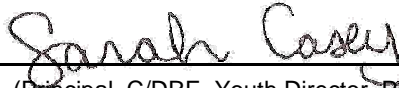
Parent/Guardian Signature: _____ Date: _____

Section 3 - Please list (continue on separate sheet if needed) any medical information important for the adult in charge to know and/or any changes in this child's medical condition or emergency contact information since the completion of the *Annual Parental/Guardian Consent Form and Liability Waiver*.

Archdiocesan Policy 5141 covers the administration of prescription medication; contact the program administrator for additional information.

Please return this permission slip by January 22, 2010

Supervisor's Signature _____



(Principal, C/DRE, Youth Director, Pastor, etc.)

This is the only permission slip that will be accepted for this Event

Please detach and save for your information/reference

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