

# A Journey Into Lent For Teens With John Angotti

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Saturday, February 18, 2012  
1:00PM - 6:00PM

St. Elizabeth Ann Seton Parish

All high school teens are welcome to join John for an afternoon to prepare us for Lent. John is a Catholic musician who will share stories, prayer and music. The day will conclude with mass at 5:00PM.

**Cost of the event is \$5.00** (please make checks payable to the Archdiocesan Deposit and Loan)

For more information contact  
your youth minister.

John has performed at numerous NCYC's  
as well as at the Archdiocesan youth rally  
in 2010.

For more information about John visit  
[johnangotti.com](http://johnangotti.com)

This event is brought to you by St. Elizabeth Ann Seton Parish and CRAYM.

Registration forms are **due FEBRUARY 8th**

Send forms and \$5.00 to

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: A Journey Into Lent for Teens With John Angotti**

Date: February 18, 2012

Person in Charge: CRAYM

Grades: 9-12

Event and Purpose: A mini retreat to prepare for Lent

Time of Event: 1:00pm-6:00pm

Cost: \$5.00

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

(name of student/participant)

event. 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: \_\_\_\_\_

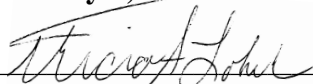
**Section 3** - Please list (continue on reverse side if needed) any medical information important for the adult in charge to know and/or any changes in this child's medical condition or emergency contact information since the completion of the *Annual Parental/Guardian Consent Form and Liability Waiver*.

\_\_\_\_\_  
\_\_\_\_\_

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

Please return this permission slip by **February 8, 2012**

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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