

Adult leaders are needed to make the youth rally run smoothly!

- I would like to chaperone the whole event.
- I would like to chaperone for part of the event.
- I will keep the group in my prayers.

Signature

If you have any questions please contact
your parish youth minister:

LIVE LONG



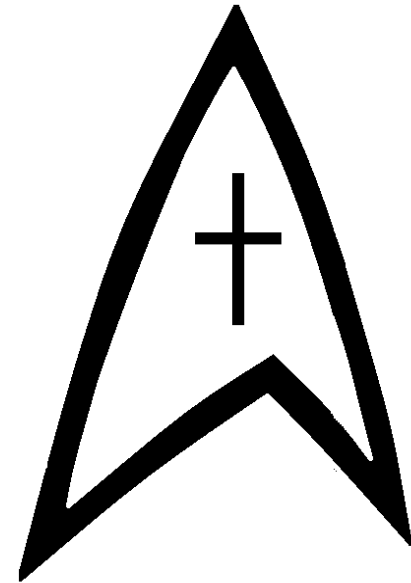
AND PROSPER

*This event is brought to you by CRAYM®,
where youth ministers unite to serve God and youth!*

FAITH TREK

CEDAR RAPIDS AREA

MIDDLE SCHOOL YOUTH RALLY



SATURDAY, OCTOBER 3RD
ST. JOSEPH SCHOOL

MIDDLE SCHOOL YOUTH RALLY

SATURDAY, OCTOBER 3RD AT 3:30PM
ST. JOSEPH SCHOOL MARION, IA

Rally includes keynote
entertainment,
pizza dinner, liturgy
and a dance.

Doors open at 3:00pm.

(Please do not arrive before then)

Rally begins at 3:30pm sharp

The rally ends at 9:30 pm.

(Please have your ride waiting for you)

You must register for the rally by September 25th.

There will be **NO WALK-IN** Registrations!

Cost is \$20 - NO Refunds!

Please make checks payable to:
Archdiocesan Deposit and Loan

**Scott Anthony will take us on a trek to discover faith,
food, fellowship and fun!**

NEED DIRECTIONS?

St. Joseph School 1430 14th
Street, Marion, IA 52302

From 1st Avenue:
Head **north** on
1st Ave/US-151
Turn **left** at **14th St**
School will be on the left.

RETURN FORMS BY SEP. 25TH

ST. MATTHEW PARISH
SARAH WHITE
2310 1ST AVE NE
CEDAR RAPIDS, IA 52402

CEDAR RAPIDS AREA MIDDLE SCHOOL YOUTH RALLY PERMISSION FORM

Date: October 3, 2009
Grades: 6th-8th

Person in Charge: CRAYM
Cost of the Event: \$20

Participant Name _____ Grade _____
Address _____ Phone _____
School _____ Parish _____

Section 1 - By signing this section, I (parent/guardian) certify that I request and give my permission for _____
(name of student/participant)

to attend this 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.

Supervisor's Signature _____
(Principal, C/DRE, Youth Director, Pastor, etc.)

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