

**Saint James Antioch Weekend**  
**March 19<sup>th</sup> – March 21<sup>st</sup> 2010**

NAME \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

HOME PHONE \_\_\_\_\_ EMERGENCY PHONE \_\_\_\_\_

PARISH \_\_\_\_\_ SCHOOL \_\_\_\_\_

BIRTHDATE \_\_\_\_\_ AGE \_\_\_\_\_ GRADE \_\_\_\_\_

TEEN EMAIL \_\_\_\_\_ PARENT EMAIL \_\_\_\_\_

The Candidate: I plan to experience the entire **Antioch** weekend from March 19th – March 21st. I agree to participate in the upcoming weekend and will be present for the entire weekend from 8:00 PM Friday night until the closing ceremonies on Sunday afternoon. I will make arrangements to be dropped off Friday night and picked up after the closing ceremonies on Sunday. (Candidates will not be allowed to leave cars at the Church or the School parking lots) I have enclosed a check for \$50.00 with this registration

**Candidates Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Return application and check (payable to Saint James Antioch) by March 10<sup>th</sup> to Cristina Imparato 184 S. Finley Ave Basking Ridge NJ 07920.**

---

I give full permission for my daughter/son \_\_\_\_\_ to participate in the Antioch weekend held by Saint James from Friday, March 19th at 8:00 PM in St. James Parish Center until Sunday, March 21st, at 1:00P.M. I understand that this event is being carefully planned. I will receive information regarding regulations and guidelines by mail and will assist in any way possible. I am aware that the young people will be sleeping in assigned sleep groups separated according to gender, in the homes of host families, with parents who are familiar with Antioch, willing, and mature. I understand that I can find out the host home where my child is staying upon arrival at the facility on Friday night, March 19<sup>th</sup> @8:00pm I fully expect to be notified if my child is disrespectful or uncooperative. You will receive a confirmation letter via email once your registration form as been received.

**My child has the following health conditions or is in need of the following diet or**

**Medications:** \_\_\_\_\_ **Allergies** \_\_\_\_\_

If medical attention is required in the course of the weekend I hereby give my permission for my son/daughter to be treated.

**Parental Signature** \_\_\_\_\_ **Date** \_\_\_\_\_