

**Saint James Antioch Retreat**  
**March 2-4, 2012**

NAME \_\_\_\_\_ DATE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_  
HOME PHONE \_\_\_\_\_ PARENT CELL PHONE \_\_\_\_\_  
PARISH \_\_\_\_\_ SCHOOL \_\_\_\_\_  
BIRTHDATE \_\_\_\_\_ AGE \_\_\_\_\_ GRADE \_\_\_\_\_  
TEEN E-MAIL \_\_\_\_\_ PARENT E-MAIL \_\_\_\_\_

The Candidate: I agree to participate in the upcoming retreat and will be present for the entire retreat, from 7:00 PM Friday, March 2, until the closing ceremonies on Sunday afternoon, March 4. I will make arrangements to be dropped off on Friday and to be picked up after the closing ceremonies on Sunday. *(Candidates will not be allowed to leave cars in the Church or School parking lots.)*

Candidate Signature \_\_\_\_\_ Date \_\_\_\_\_

Return application and check for \$55 (payable to Saint James Antioch) by February 27, 2012

To: Cristina Imperato 184 S. Finley Ave., Basking Ridge, NJ 07920.

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Parent/ Guardian: I give full permission for \_\_\_\_\_ to participate in the Antioch retreat to be held at Saint James Church on Friday, March 2nd in the St. James Pastoral Center, through Sunday, March 4th. I will receive information regarding regulations and guidelines by e-mail and will assist in any way possible. I am aware that the teens will be sleeping in assigned sleep groups separated according to gender, in the homes of host families, chaperoned by responsible parents who are familiar with Antioch. I understand that I can request the name and address of the host home where my child will be sleeping upon arrival at the facility on Friday. I fully expect to be notified if my child is disrespectful or uncooperative. **I have enclosed a check for \$55.00 with this registration.** *(You will receive a confirmation letter via e-mail once your registration form has been received.)*

My child has the following health conditions or dietary restrictions:

Health Conditions: \_\_\_\_\_ Medications: \_\_\_\_\_

Allergies or Dietary Restrictions: \_\_\_\_\_

If emergency medical attention is required during the retreat, I hereby give my permission for such treatment.

Parent/ Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_