

REIGN IN ME

Freshmen/Sophomore Retreat
December 11th – 12th

NAME _____ DATE _____
ADDRESS _____ CITY _____
HOME PHONE _____ EMERGENCY PHONE _____
PARISH _____ SCHOOL _____
BIRTHDATE _____ AGE _____ GRADE _____ T-SHIRT SIZE _____
PARENT EMAIL _____
TEEN EMAIL _____

The Candidate: I agree to participate in the upcoming **REIGN IN ME** weekend and will be present for the entire weekend from 7:00 PM Saturday night until the closing Mass on Sunday evening. I will make arrangements to be dropped off Saturday night and picked up after the closing Mass on Sunday. I have enclosed a check for \$50.00 with this registration

Candidates Signature _____ Date _____

**Return application and check (payable to Saint James) by December 6th to
Cristina Imperato 184 S. Finley Ave Basking Ridge NJ 07920.**

I give full permission for my daughter/son _____ to participate in the **REIGN IN ME** weekend held at Saint James from Saturday, December 11th at 7:00 PM in the Parish Center until Sunday, December 12th. I understand that this event is being carefully planned. I will receive information regarding regulations and guidelines via email (once the registration form has been received) and will assist in any way possible. I expect to be notified if my child is disrespectful or uncooperative.

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

Medications: _____ **Allergies** _____

Dietary restrictions _____

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 _____