

PLANOVATION 2010

WHEN: March 5 - 7

WHERE: LASALLE MANOR
(PLANO, IL)

WHO: YOU! AND YOUR FRIENDS!

What's keeping you?

Things to bring to Plano

An open mind and heart.

Your Bible

Coat

Old, warm clothes and shoes for Outpost (outdoor activity)
(could be muddy or snowy)

Pajamas

Extra Socks

toothbrush / toothpaste

shampoo / conditioner

soap

flashlight (if you have one)

snack or drink to share (**A - L SNACK M - Z DRINK**)

(EX: cookies, chips, fruit snacks, rice krispy treats,
pop, lemonade, water, juice boxes, etc)

Optional: They do have a small gift shop that will probably be open on Sunday morning after mass if you want to do any shopping.

DO NOT BRING ANYTHING EXPENSIVE that you would be worried about getting lost or broken.

YOU are responsible for anything that you bring with you.

Recommended:

sleeping bag (they supplies linens but some kids prefer to bring a sleeping bag)

pillow

The facilitators will all have cell phones so feel free to leave yours at home. You will be asked to leave it in your room during retreat sessions so that it does not disturb anyone else's experience or your own.

MRS. PLUCHAR - 312 - 882 - 1718

**FORMS AND PAYMENT
ARE DUE IN THE Parish Office**

BY: February 29, 2010
(first come-first served basis)

**St. Julie Billiard Church
7399 West 159th Street**

Tinley Park, IL 60477-1398
Rectory ~ 429-6767
Youth Office ~ 429-7377

"Teens Need Togetherness"

Parental/Guardian Authorization Form

I request that St. Julie's T.N.T. program allow my teen _____ to participate in the following sponsored activity requiring transportation to a location away from the parish facility:

Destination: **Planovation 2010 Retreat, LaSalle Manor** (PLANO, IL)

Date and Time of Departure: **6pm Friday, March 5, 2010**

Date and APPROXIMATE Time of Return: **1:00pm Sunday, March 7, 2010**

Method of Transportation: **BUS**

Participant Cost: **\$125 for retreat, meals and transportation. Please bring a snack or drink to share.**

Designated Coordinator of Activity: St. Julie Adult Chaperones & Mrs. Sheila Pluchar

I understand that the activity will take place away from the parish premises and that my teen will be under supervision. I further consent to the conditions stated above on participation in this event, including the method of transportation.

We are aware if there is suspicion of drug or alcohol use, or if any drugs or alcohol are found, if smoking occurs, or severe behavior endangering the safety or well being of another person occurs, we are responsible for the cost of transporting our teen home. The decision to send someone home will be made at the discretion of the lead adult chaperone(s).

I hereby release and indemnify St. Julie's T.N.T., its staff and its volunteers, and the Archdiocese of Chicago from any and all liability arising from claims of any kind of nature whatsoever from my teen's participation in this event.

Participant Signature

Parent/Guardian Signature

Phone Number

Email Address: _____

Forms & Money due by: February 29, 2010
Medical form on the reverse side must also be filled out.

This is open to all current HIGH SCHOOL and 8th Grade students.

****You are responsible for all of your belongings. Ex: iPods, cell phones, purses, etc.**

Name: _____ Birth date: _____

St Julie Billiard Youth Ministry Program
Authorization for Medical Treatment

In the event that the undersigned, or my authorized physician cannot be reached, and in the judgment of the Youth Minister or other Adult Supervisors of St. Julie Billiard Youth Ministry, there is necessity for immediate examination and / or treatment of our child, I hereby authorize any of the aforesaid personnel to obtain for our child such medical services deemed necessary.

Parent / Guardian Signature

Parent / Guardian Signature (if applicable)

Home Address

Home Phone Number

City, State, Zip Code

Parent / Guardian Work Phone Number

Insurance Information

Family Physician

Hospitalization Plan

Phone Number

Policy Number / Group Number

Medical Conditions, Allergies or Restrictions (attach additional paper if more details are necessary)

Emergency Name / Number - 1. _____

2. _____