

**2017 Weekend of Faith Registration
Day Retreat**

Date & Time: Participants arrive from 7:00-7:30 AM to sign in and register on August 19th.

Place: Brother of St Patrick

Address: 7820 Bolsa Avenue, Midway City, Ca 92655
(Beach Blvd and West on Bolsa 1/2 block right into parking)

Cost: \$30 per person includes: snacks, dinner, drinks, patch and materials

Bring A Sack Lunch

Dietary Restrictions: If you child has dietary restrictions, please let us know so we can accommodate, if necessary bring food and we will take care of refrigeration for it.

BRING: Permission slip, medical and photo release waiver.

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Registration (on line at <http://www.ocatholicscouting.org>)

Participant: _____ age; _____ unit # _____

Address: _____ City _____ Zip _____

Email _____ Phone _____

Parish _____ District _____

Name of Parent/Legal Guardian _____ Phone _____

Is this a retreat for AAD ___ PPXII ___ Confiration ___

++ THIS IS A CLOSED CAMPUS AND NO PARATICIPANT IS ALLOWED TO LEAVE THE CAMPUS WITHOUT FIRST BEING SIGNED OUT BY A PARENT, LEGAL GUARDIAN OR AUTHORIZED ADULT

++ If your child is driving themselves we want to know, thank you.

all check are made out to DCCS and mailed with form to:

*Joanne Alvo
16031 Feltham Circle
Westminster, CA 92683*

PERMISSION SLIP AND PHOTO WAIVER

(Please mail with registration form or if registered on line bring with)

I request that my child _____

Be permitted to attend Diocese of Orange Catholic Committee on Scouting, Weekend of Faith Day Retreat for August 19, 2017.

You may use any pictures of my child that could be used to advertise this event.

Parent's signature _____ date _____

Cell phone: _____ Emergency Phone _____

My Child may receive medical attention by a licensed physician. He may be admitted to a hospital in case of emergency, parents will be contacted immediately.

Doctor Name _____ Phone _____

Address _____ City _____ Zip _____

Insurance Carrier _____ Insurance Policy _____

Name of Insured: _____ Please provide a photocopy of front and back of insurance card.

Medication child is currently taking _____

Allergies _____

Date of last Tetanus Shot _____

Signature of Parent: _____ date _____