"Love our Lady. And she will obtain abundant grace to help you conquer in your daily struggle."

-St. Josemaria Escriva

#### The Vocation Committee invites you to



A Marian Retreat for Young Ladies!



## July 9-10, 2024

Tintern Retreat Center, Oakdale, NE

for incoming  $4^{th} - 6th$  graders

-Adoration

-Mass

-Bible study

-Fun games

-Campfire with s'mores

-Talks with small group discussion

# Spots fill up quickly!

For questions:

Chelsea Preister Cheryl Veik Karen Eischeid acpreister@gmail.com momveik@gmail.com karensuzyq@hotmail.com

402-270-7250 402-843-8023 402-843-5987

Sponsored by the Catholic Parishes in Partnership Vocation Committee of St. Boniface Parish-Elgin, St. Bonaventure-Raeville, St. John the Baptist-Petersburg, St. Peter's-Ewing, St. Theresa's- Clearwater, St. John the Baptist-Deloit

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	GRATIA App	olication Du	ie June 15, 2024	
First		Last		<del> </del>
School		Grade	(for 2024-25 s	chool year)
Age by Retreat	Parish		Tow	n
Mother's Name		Cell F	Phone	
Father's Name	's Name Cell Phone			
E-mail for confirmati	on			
Please put my daught	er in a group with	n (pick one friend	):	
T shirt Size (Circle C	One)			
Youth Size:	5	M	L	
Adult Size:	S	M	L	XL
Please send \$50 along	a with 3 forms to	(Make checks no	wahla to CPP Vo	cation Committee)
Gratia	g with 5 forms to	(Make checks po	lyddie 10 Cl 1 Vol	carron committee)
% Chelsea	a Preister			
45349 A	Inn Street			
Cornlea,	NE 68642			
	<u>Due B</u>	y June 15, 2024		
	*Sponsore	d by Catholic Par	rishes in Partner	ship Vocations Committee
				Based at Elgin, Ni
		Office Use		
Date Received		Amount Received	d	Confirmation

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### Health Form 2024

Camper Full Name							
Birth Date:	rth Date: Parent/Guardian Name(s):						
Address	City	State Zip	p				
Home Phone:	Work:	Cell	<del></del>				
Doctor's Name and Phone:_		/	<del></del>				
Accidental/Medical Insura	nce Information:						
Insurer's NamePolicy #							
List allergies to foods, dru	gs, outdoors, etc						
List any diagnoses, medical activities or would be helpf anxiety, panic attacks, etc.	ful for the Gratia dire	ctors to know (e.g.	Asthma, sleepwalking,				
Please list all child's medici (Campers will be given by a	_	_					
Anything else we should kn	ow?						
I authorize Gratia to give r	my child age-appropria	te doses of the fo	llowing, if needed:				
Tylenol/acetaminophen	Advil/Ibuprofen	Benadryl	Tum <i>s</i>				

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## Consent and Liability Form 2024

I,	, grant permission	for my youth,
(Parent or guardic		(Youth's name)
to participate in this	Archdiocesan youth ministry e	vent that is located away from the parish
site. This activity wil	l involve a retreat at the Tinter	rn Retreat Center, near Oakdale, NE and wil
take place under the	guidance and direction of volun	teers from various parishes.
A brief description o	of the event follows:	
Purpose of Event: Yo	uth Retreat	
Location: Tintern Ret	treat Center, Oakdale, NE	
Date and Time of e	vent: July 9-10, 2024	
Transportation: Pare	nt arranged.	
	• , ,	ble for any personal actions taken by the
	,	<sup>:</sup> of myself, my child named herein, or heirs, s and defend St. Boniface Parish of Elgin,
_	, tors and agents, the Archdioces	_
	•	entatives associated with the event, arising rent, or in connection with any illness or
	•	erewith, and I agree to compensate St.
•		s, the Archdiocese of Omaha, and all
		s or representatives associated with the
event for reasonable	attorney's fees and expenses o	rising in connection therewith. I know of no
physical, medical, me	ntal, emotional or other probler	n(s) that cause(s) me to believe that my
child should not atte	nd this event. Pictures of my ch	ild taken during the event may be used in
print or electronic m	edia for the purposes of public	ty for future events, unless I indicate in
writing to the contra	ry and attach such writing to t	nis form.

Signature: \_\_\_\_\_ Date:\_\_\_\_\_