

The Vocation Committee invites you to

Gratia

A Marian Retreat for Young Ladies!



July 18-19, 2023

Tintern Retreat Center, Oakdale, NE

for incoming 4th - 7th graders

- Adoration
- Mass
- Bible study
- Fun games
- Campfire with s'mores
- Talks with small group discussion

Spots fill up quickly!

Please turn in your registration by June 1, 2023

Applications available at <https://cppnebraska.org/gratia-girls-retreat/>

Chelsea Preister
Cheryl Veik
Karen Eischeid

For questions or application:

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

Gratia Retreat

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

-St. Josemaria Escriva

GRATIA Application Due June 1, 2023

First _____ Last _____

School _____ Grade (for 2023-24 school year) _____

Age by Retreat _____ Parish _____ Town _____

Mother's Name _____ Cell Phone _____

Father's Name _____ Cell Phone _____

E-mail for confirmation _____

Please put my daughter in a group with (pick one friend): _____

T shirt Size (Circle One)

_____ Youth Size:	S	M	L	
Adult Size:	S	M	L	XL

Please send \$45 along with 3 forms to (Make checks payable to St. Boniface Church)

Gratia

% Chelsea Preister

45349 Ann Street

Cornlea, NE 68642

Due By June 1, 2023

*Sponsored by Catholic Parishes in Partnership Vocations Committee
Based at Elgin, NE

Office Use

Date Received _____

Amount Received _____

Confirmation _____

Cash Check

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Health Form 2023

Camper Full Name _____

Birth Date: _____ Parent/Guardian Name(s): _____

Address _____ City _____ State _____ Zip _____

Home Phone: _____ Work: _____ Cell _____

Doctor's Name and Phone: _____ / _____

Accidental/Medical Insurance Information:

Insurer's Name _____ Policy # _____

List allergies to foods, drugs, outdoors, etc. _____

List any diagnoses, medical history, or problems that might prevent full participation in camp activities or would be helpful for the Gratia directors to know (e.g. Asthma, sleepwalking, anxiety, panic attacks, etc.) _____

Please list all child's medicines including their dosage and directions for administration. (Campers will be given by adult.) _____

Anything else we should know? _____

I authorize Gratia to give my child age-appropriate doses of the following, if needed:

Tylenol/acetaminophen

Advil/Ibuprofen

Benadryl

Tums

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Consent and Liability Form 2023

I, _____, grant permission for my youth, _____,
(Parent or guardian's name) (Youth's name)

to participate in this Archdiocesan youth ministry event that is located away from the parish site. This activity will involve a retreat at the Tintern Retreat Center, near Oakdale, NE and will take place under the guidance and direction of volunteers from various parishes.

A brief description of the event follows:

Purpose of Event: Youth Retreat

Location: Tintern Retreat Center, Oakdale, NE

Date and Time of event: July 18-19, 2023

Transportation: Parent arranged.

As parent and/or guardian, I remain legally responsible for any personal actions taken by the above named minor ("Participant"). I agree on behalf of myself, my child named herein, or heirs, successors, and assigns, to release and hold harmless and defend St. Boniface Parish of Elgin, their officers, directors and agents, the Archdiocese of Omaha, and all chaperons, coordinators, directors, volunteers, aides or representatives associated with the event, arising from or in connection with my child attending the event, or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate St. Boniface Parish, their officers, directors and agents, the Archdiocese of Omaha, and all chaperons, coordinators, directors, volunteers, aides or representatives associated with the event for reasonable attorney's fees and expenses arising in connection therewith. I know of no physical, medical, mental, emotional or other problem(s) that cause(s) me to believe that my child should not attend this event. Pictures of my child taken during the event may be used in print or electronic media for the purposes of publicity for future events, unless I indicate in writing to the contrary and attach such writing to this form.

Signature: _____ Date: _____