

21st Annual LIFE TEEN RETREAT

W. Alton Jones Conference Center
401 Victory Highway, West Greenwich, RI 02817
Phone: 401-397-3304 ext. 6043

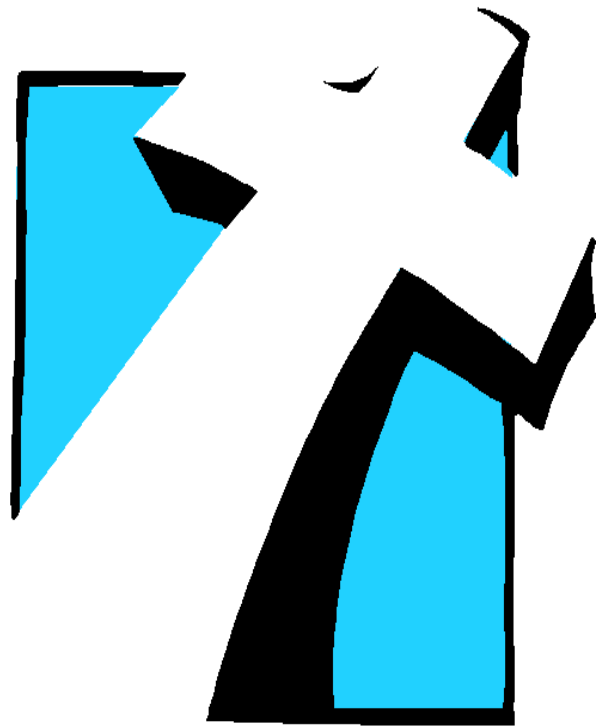
**Parents Drop Off Teen @ Alton
Jones:**

**Saturday, August 3rd
@ 9:30 AM**

**Parents Attend Mass and
Pick-Up @ Holy Apostles:**

**Sunday, August 4th
@ 11:00AM**

Actual Cost: \$95.00
Holy Apostles will pay: \$35.00
Your Cost: \$60.00



**Please return registration form (OTHER SIDE) and
money to the Parish Office by July 10th to reserve
your place.**

**Reserve immediately as space may not be available on
the 10th . Reservations are on a “first come” basis.
An informational packet will be mailed to all who register.**

Dear Parent or Legal Guardian:

Your son/daughter is invited to participate in a church-sponsored activity that requires your permission. This activity will take place under the guidance and supervision of employees from Holy Apostles Parish. A brief description of the activity follows:

GOAL:	Life Teen Retreat W. Alton Jones Conference Center 401 Victory Highway, West Greenwich, RI 02817 Phone: 401-397-3304 ext. 6043
SUPERVISOR:	Mr. Santilli and Life Teen Advisors
TRANSPORTATION:	Parents to Alton Jones & a bus back to Holy Apostles
DATE :	Saturday, August 3 rd – Sunday, August 4 th
TIME:	Arrive @ Alton Jones on August 3 rd @ 9:30AM Mass@ Holy Apostles on August 4 th @ 11:00 AM
STUDENT COST:	\$60 (Actual cost \$95 – Parish assumes \$35 of the cost)

Please sign and return the following statement of consent and release of liability to Mike Santilli by July 10th. As parent, or legal guardian, you remain fully responsible for any legal/medical responsibility which may result from any personal actions taken by the named student.

I hereby consent to participation by my child ,		
in the event above.		Grade in September: _____
PARENT'S SIGNATURE:		
ADDRESS:		
EMERGENCY NUMBERS:		

T SHIRT SIZE: _____

CHOICE OF ROOMMATES:

1) _____ AND 2) _____

3) _____ AND 4) _____

Special Circumstances: _____