

Notre Dame Church Youth Group



Saturday April 6th at 9:00am thru Sunday April 7th at 9:00am

Join the Youth Group for a day/evening of fun and fellowship.

Bring your sleeping bag, pillow and an open mind.

Cost is \$25 to cover food, snacks, drinks and activities.

**Just complete the registration form and include a
check for \$25.00 made payable to Notre Dame Church. Please send it to:**

**Kristen Mautone
Notre Dame Parish
359 Central Avenue
North Caldwell, NJ 07006**

**Registration is limited to 50 people.
Please return your completed application as soon as possible.**

If you need further information, contact Kristen at 973-228-3338 or 973-897-5275.

Thank you

Notre Dame Parish Youth Group

Youth Group Lock-In 2019

Saturday April 6th at 9:00am thru Sunday April 7th at 9:00am

REGISTRATION – APPLICATION

***Please return form by March 18th**

NAME _____ DATE _____

ADDRESS _____ CITY _____

HOME PHONE _____ ALTERNATE PHONE IN AN EMERGENCY _____

E-MAIL:(Parent) _____ (Teen) E-MAIL: _____

PARISH _____ SCHOOL ATTENDING _____

BIRTHDATE _____ AGE _____ GRADE _____

The Candidate:

I plan to experience the Youth Group Lock-In from 04/06/2019 through 04/07/2019
I have enclosed a check for \$25.00 with this registration.

The Candidate's Signature _____ Date _____

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Parental Permission:

I give FULL permission for my daughter/son _____
to participate in the Youth Group Lock In held by NOTRE DAME CHURCH from Saturday, April 6th at 9:00am at NOTRE DAME CHURCH until Sunday, April 7th at 9:00 am.

I understand that this event is being carefully and professionally planned. I will receive full information regarding regulations and guidelines by mail and will assist anyway possible. I am aware that the young people will be sleeping in the church separated according to gender on Saturday night 04/06/2019. I fully expect to be notified if my child is disrespectful or uncooperative. I know that great care will be taken and that my child will be offered plenty of good food and rest.

My child has the following health conditions or is in need of the following diet or medications:

If medical attention is required in the course of the weekend, I hereby give my permission for my son/daughter to be treated.

Parental Signature _____ Date: _____