



GIRLS
RETREAT
#93

BELOVED



FOR ALL 9TH - 12TH
GRADE GIRLS

COST: \$60

SACRED HEART
DEDEAUX RETREAT CENTER
14595 VIDALIA RD.
PASS CHRISTIAN, MS 39571

FRI 11.04.2022
SUN 11.06.2022

CONTACT:
CHRISTINE LADNER
(228) 216-0433

BRIDGETT BERMOND
(228) 209-9281





14595 Vidalia Road
Pass Christian, MS 39571
Office Phone: 228-255-7560

Name: _____ Date: _____ Birthday: _____

Age: _____ Grade: _____ School: _____

Address: _____ City: _____

State: _____ Zip: _____ Candidate's Phone: _____

Candidate's Email Address: _____

Parents/Guardians: _____

Address (if different from above): _____

Catholic _____ Non-Catholic _____ Parish/Church: _____

Retreat: Girl's Retreat #93

Retreat Date: November 4 - 6, 2022

Time of Arrival: Friday, 6:00 PM

Retreat Ends: Sunday at 3PM (Closing Ceremony)

Family and friends are encouraged to attend closing.

Suggested Donation: \$60

Things to Bring: Comfortable, casual clothes
One "Sunday" outfit for Closing – dresses MUST be below the knees
Washcloths/towels, blankets, sheets, pillow, pillowcases, shower shoes
Soap/personal toilet items
Prescription medications
Musical instruments (guitar, etc.)
Flashlight

Things Not to Bring: Radios, iPod, televisions, food, watches, Apple watches, and cell phones

Parental Consent: All attached parental consent forms must be filled out and returned. Parent Request to Participate must be notarized.

Dear Candidate,

It is your responsibility to return this completed application to the above address prior to the retreat.

Candidates must be 9th grade through 12th grade.

**Diocesan Policy Concerning Supervision
Of Youth Trips & Other Functions
PARENT REQUEST TO PARTICIPATE FORM
(Notarize for Overnight Trips Only)**

Dear Parent or Legal Guardian:

Your son/daughter is eligible to participate in a church/school – sponsored event. This activity will take place under the guidance and supervision of Christine Ladner and Bridget Bermond from LIFT Diocese of Biloxi Youth Retreat.

A brief description of the activity follows:

Name of Event: LIFT Diocese of Biloxi Youth Retreat-Girl’s Retreat #89

Destination: Sacred Heart Retreat Center in Pass Christian MS

Destination Supervisor of Activity: Christine Ladner and Bridget Bermond

Date and Time of Event: Friday, November 4 – Sunday, November 6, 2022

Method of Transportation: N/A

Approximate Cost: \$60.00

If you would like your child to participate in this event, please complete, sign and return the following Statement of Consent and Release of Liability. As a parent or legal guardian, you remain fully responsible for any legal responsibility that may result from any personal actions taken by the named student.

I hereby consent to participation by my child, _____, in the event described above. I understand that this event will take place away from the church/school grounds and that my child will be under the supervision of the designated chaperones on the stated dates. I further consent to the conditions stated above on participation in this event, including the method of transportation. I also consent to allow my child to be photographed for the diocesan newspaper and online website.

Print Parent’s Name: _____

Parent’s Signature: _____ Date: _____

SWORN TO and subscribed before me on this _____ day of _____ 2018.

NOTARY PUBLIC

My commission expires

Diocesan Policy Concerning Supervision of Youth Trips & Other Functions

MEDICAL RELEASE AND INFORMATION FORM (Medical Information for Overnight Trips Only)

Name of Participant: _____

Medication presently taking (Name and dosage for each):

Allergies (Foods, Medication, etc.):

Any other medical conditions (Asthma, Diabetes, Seizures, etc.):

Date of last Tetanus shot: _____

Contacts:

_____	_____	_____	_____
Parent (s)	Home Phone	Work Phone	Cell Phone

_____	_____	_____	_____
Contact Person (alternate)	Home Phone	Work Phone	Cell Phone

I hereby give my permission for my child to be administered medical help in case of an emergency. If you have Medical insurance, please indicate the following:

Insurance Company: _____ Phone: _____

Policy Name: _____ Policy Number: _____

Family Doctor: _____ Doctor's Phone Number: _____

Parent/Guardian Signature: _____ Date: _____

SWORN TO and subscribed before me on this _____ day of _____ 2018.

NOTARY PUBLIC

My commission expires