



Steubenville Youth Conference

Friday, June 28- Sunday, June 30 2019

One Awesome Faith-Packed Weekend

- ⊖ Inspiring Speakers
- ⊖ Unforgettable bus ride
- ⊖ Praise & Worship
- ⊖ Eucharistic Adoration
- ⊖ Reconciliation

42 Spots Available

to incoming freshman through current grads!

Trip Cost: \$275*

Cost Includes: Conference Fee (Food, Housing, Speakers), Transportation, and two T-Shirts. (Actually cost of trip is approximately \$350 per student)

Save your spot TODAY by paying a \$50 non-refundable deposit and completing registration form by Wednesday, March 6 (Ash Wednesday)

Questions? Interested in Franciscan LEAD? Contact Monica Morin
monicamorin@stthomasgr.org or 459-4662 ext. 1203

*A \$50 Youth Ministry Participation Discount—Attend 5 youth group nights during 2nd Semester (including XLT) to earn this incentive! Financial scholarships also available.



Staubenville Youth Conference 2019

June 28-30, 2019

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YOUTH NAME (FIRST, LAST)

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CURRENT GRADE

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STUDENT'S EMAIL(non-school)

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PARENTS' EMAIL(S)

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PARENT'S PHONE (PREFERRED NUMBER)

ADULT T-SHIRT SIZE
SMALL
MEDIUM
LARGE
X-LARGE

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PARENTS' NAMES

TOTAL DUE IS \$275

\$50 NON-REFUNDABLE DEPOSIT DUE WITH FORMS BY March 6, 2019

FULL PAYMENT BY MAY 1, 2019



**Steubenville Permission Form
St. Thomas the Apostle Parish Youth Ministry**

Participant Name _____ Birth Date _____

Address _____ Year of Graduation _____

City _____ State _____ Zip _____ Phone (____) _____

Parent/Guardian

I, _____ (name) give permission to my above-named son/daughter/ward to travel to Franciscan University of Steubenville, Ohio, High School age conference with members of St. Thomas the Apostle Parish (STA), Grand Rapids, Michigan, on **June 28-30, 2019**. In consideration of my child being allowed to participate in this event, I agree to waive and release, and indemnify and hold harmless St Thomas the Apostle Parish, any and all affiliated organizations, it's/their employees, agents, representatives, volunteers and drivers, from any and all claims I or my child may have, excluding claims for intentional misconduct or gross negligence, arising from or relating to my child's participation in this event.

If needed for health reasons, I give permission for my child to be evaluated, diagnosed, treated, and/or given medication in accordance with standard medical practice by licensed medical personnel. I release and hold harmless STA of all liability, responsibility and consequences that may arise as a result of or in connection with this treatment. I will not hold STA responsible or liable in the event of any injury. Further, I agree to accept any and all financial responsibility and liability in connection with or resulting from any such medical evaluation, diagnosis, treatment, medication or other care.

I have received a copy of the rules and regulations of STA, which are applicable to and in effect for the trip. I understand and agree that any violation of the rules and regulations by my child/ward may result in his immediate dismissal from the trip, at my expense. I understand and agree that neither STA shall have any liability for any violations of the rules and regulations by my child/ward.

Guardian/Parent signature _____ **Date** _____

In case of emergency (if I cannot be reached at the above number), please contact:

Name _____ Name _____

Address _____ Address _____

Phone Home (____) _____ Phone Home (____) _____

Work # (____) _____ Work # (____) _____