



HIGH SCHOOL YOUTH MINISTRY

OUR LADY OF MT. VIRGIN CHURCH
188 MACARTHUR AVENUE
GARFIELD, NJ 07026
973-772-2295

Joyful NOISE

RETREAT



REGISTRATION FORM

Name: _____ Age: _____

Grade: _____ School: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Tel#: _____ Cell#: _____

Email: _____

Parent/Guardian: _____

I give permission to my son/daughter to participate fully in this retreat. Further should it be necessary for my son/daughter to return home due to medical reasons, disciplinary action or otherwise, I hereby assume all transportation responsibility.

Parent/Guardian Signature: _____

I agree to follow the rules of the retreat and respect all Core Members and volunteers working on the retreat. I understand that if I disrespect or misbehave during the retreat my parent/guardian will be contacted and I might be ask to leave the retreat.

Student Signature: _____

Please return this form with Consent and Liability Waiver along with your Payment by February 14th. You may mail the application with payment to OLMV—Youth Ministry at the address above. Make checks payable to OLMV and write Retreat on the subject line.