

# QUEST

A retreat for freshmen and sophomores

Discover yourself, God, and others.

## Sign up now:

Registration forms are due by Friday, January 12.

Cost is \$35 per person and checks can be made out to the Archdiocesan Deposit and Loan.

All area teens are invited to attend.

## What to bring:

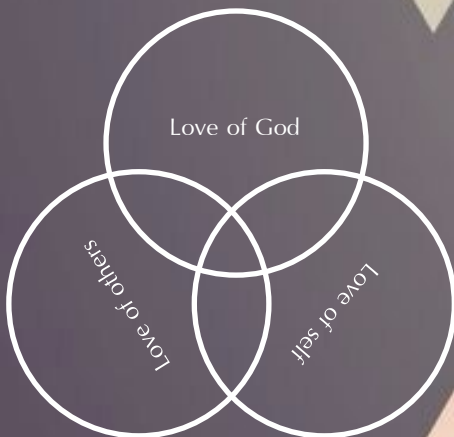
- ♦ Casual clothes
  - ♦ Toiletries & towel
  - ♦ Sleeping bag/air mattress/pillow
  - ♦ Reusable water bottle
  - ♦ Snack to share
  - ♦ Flashlight
- \*please do not bring anything illegal, immoral, or that would be disruptive, like Bluetooth speakers.

Saturday & Sunday  
January

**20-21**  
**2018**

Check-in is from 1-1:30 pm on Saturday. Quest ends at 3 pm on Sunday.

Quest is held at LaSalle Middle School: 3700 1st Ave NW



Take a break from the regular routine and stress of life and join others from around the Cedar Rapids area on a journey to discovering who God is. On this overnight retreat you will learn more about yourself and meet new friends! You'll talk about faith and important life issues, celebrate Reconciliation and Mass, and have a lot of fun!

# Cedar Rapids Quest Retreat Off-site/Field Trip Permission Form

Quest Retreat for 9th and 10th grade students in the Cedar Rapids Area

Sponsored by the Cedar Rapids Area Youth Ministers

January 20-21, 2018 held at LaSalle Middle School

Cost of the Event: \$35

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Address: \_\_\_\_\_

Male Female Parish: \_\_\_\_\_ School: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

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Section 1– By signing this section, I (parent/guardian) certify that I request and give my permission for \_\_\_\_\_ (student/participant) to attend this event. Further, I have previously completed the *Annual Parental/Guardian Consent Form and Liability Waiver* and agree to the conditions as set forth.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Contact phone number(s): \_\_\_\_\_

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Section 2– Nonprescription Medication Permission– By signing this section, I hereby grant permission for nonprescription medication (i.e. ibuprofen, Tylenol, throat lozenges, etc.) to be given to my child.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Section 3– Please list any medical information important for the adult in charge to know and/or any changes in this child's medical condition or emergency contact information since the completion of the *Annual Parental/Guardian Consent Form and Liability Waiver*.

\_\_\_\_\_  
\_\_\_\_\_

Archdiocesan Policy 5141 covers the administration of prescription medication; contact the program administrator for additional information.

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Detach Here .....

Please return this permission slip by **Friday, January 12th, 2018**

Quest Retreat January 20-21, 2018.

Please arrive at LaSalle Middle School at 1pm on Saturday Jan. 20th. Pick up is at 3pm on Sunday Jan 21st.

Checks payable to **Archdiocesan Deposit and Loan**

Submit to: **Allyson Brawner**

Contact Allyson with any questions!

**P.O Box 116**

**Walker, Ia 52352**