

**\*\*Details\*\***

Friday, April 27th—Sunday, April 29th

**Start:**

Meet at 8:30pm in the  
Parish Life Center

**End:**

Pick up at 6pm after 5pm Mass

**\*\*Teens are not allowed to leave the  
retreat once they arrive.\*\***

**Family Participation:**

Parents are asked to come on Sunday  
@ 2:30-4:30pm for an opportunity to  
discuss the retreat theme within the  
family and join us for 5pm Mass.

**Cost:**

\$70 — Checks made out to  
“Holy Spirit at Geist”

**Deadline:**

Sunday, April 15th or when full

**Where:**

Holy Spirit Parish at Geist  
10350 Glaser Way  
Fishers, IN 46037

All retreatants will receive a packing  
list prior to the weekend.

For questions or for more information  
contact the Youth Ministry Office at:

317-585-1264

[ymsec@hspgeist.org](mailto:ymsec@hspgeist.org)

# Spring Retreat 2018

April 27-29th

“I Believe”

John 11:25-27



Holy Spirit at Geist

2018 LIFE TEEN SPRING RETREAT REGISTRATION: I Believe

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: Male / Female

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Student Phone Number: \_\_\_\_\_ Student Email : \_\_\_\_\_

School : \_\_\_\_\_ Grade \_\_\_\_\_ Shirt (circle): S M L XL XXL

Parent(s) Name(s):

\_\_\_\_\_

**\*\*Parent(s) Email\*\*:** \_\_\_\_\_

Parent(s) Phone Number: \_\_\_\_\_

Who will be attending the parent session during the retreat on Sunday, April 29th @ 2:30pm in the PLC Gym?

\_\_\_\_\_

Liability Waiver

I, \_\_\_\_\_ (parent/guardian name), grant permission for my child, \_\_\_\_\_, to participate in the Holy Spirit Spring Retreat to be held at Holy Spirit Parish from April 27-29, 2018. I will not hold the representatives associated with Holy Spirit responsible in the event of any injury or harm. Further, I agree to accept any and all financial responsibility as a result of scheduling necessary emergency medical treatment. In the event of an emergency, I give permission to transport my child to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by the hospital or doctor.

In the event of an emergency, if you are unable to reach me, contact:

Name/Relation: \_\_\_\_\_ Phone #: \_\_\_\_\_

Family Health Plan Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Please list any special medical or dietary needs of your child:

\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_

Cost: \$70

Parents:

Please mark any area you may be able to share your time and talent. A member of the planning team will give you a call:

- Retreat Team:** The team helps mentor teens through small groups and talks.
- Kitchen Team:** Help to cook and serve meals throughout the weekend.
- Night Team:** So that the retreat team can sleep, night team members help to monitor the sleeping areas at night.
- Tear Down Team:** After the retreat, the tear down team helps clean and put everything back together.
- Prayer Chain:** Throughout the weekend we will always have someone praying for our teens. Please discern taking or sharing an hour to pray for our teens.

Thank you parents  
for all you do!