

"Reign In Us" **FALL RETR**

IFE IEEN	Rcvd by:
EAT 2017	
_	Cash/Check#:
13-15, 2017	

October PARTICIPANT REGISTRATION FORM

Complete and mail or fax form to: Our Lady of Perpetual Help Church, 91-1004 North Road, Ewa Beach, Hawaii 96706 Fax: (808) 689-1954. One form per person. Forms are reprintable.

Make checks payable to: OLPH CHURCH.

PARTICIPANT REGISTRATION FORMS DUE:

Wednesday, October 4, 2017. \$10 LATE FEE after the due date

Cost: \$90 per person

For Office Use Only

If you have any questions or concerns or need more information, please contact Alex Song

Phone: (808) 673-8777 Email: mamazboy 1123@yahoo.com **Participant Information** City:______State:_____Zip:_____ Parish: Religion: Birth Date: School: _____ T Shirt Size:_____ Sacraments Received (check all that apply): Baptism Reconciliation Communion Confirmation Medical Plan: Allergies: Special Diet: Medications: Medical Concerns: (MORE ON BACK)

OUR LADY OF PERPETUAL HELP

Fall Retreat 2017





Contact Alex Song with any questions or concerns: Mamazboy_1123@yahoo.com 808.673.8777



"REIGN IN US" OLPH Life Teen Fall Retreat 2017

Packing List

Only allowed 2 bags per participant which includes your sleeping bag/pillow/bedding

Please mark all bags with participant's full name when you bring it to check-in on Friday, 10/13 between 4-5pm

What To Bring:

- Clothes for 3 Days / 2 Nights (including clothes for Mass on Sunday)
- 2 Towels
- Sleeping Bag / Blanket / Pillow (no bedding will be provided)
- Toiletries (Toothbrush/Toothpaste/Soap/Shampoo, etc..)
- Flashlight
- Bible
- An Open Heart & Mind

*You are allowed to bring a camera but, if it becomes a distraction during the sessions, it may be confiscated until after the end of retreat.

What NOT To Bring:

- Alcohol / Drugs of Any Kind
- Cell Phone
- Watch or Clock
- Video Game Players
- IPOD / Radio / CD Player

*If you are caught with any of these items in your possession, they will be confiscated and you may be sent home.

Emergency Contact During the Retreat Weekend: ALEX SONG 808.673.8777

Parent/Guardian Contact Information		
Primary:		
First Name:	Last Name:	
Ph. Home:	_ Cell:	
Email:		
Secondary:		
First Name:	Last Name:	
Ph. Home:		
Email:		
Sponsor:		
First Name:	Last Name:	
Ph. Home:	_ Cell:	
Email:		
Emergency Contact:		
First Name:	Last Name:	
Relationship:	_	
Ph. Home:	Cell:	
Lallow my child.	, to attend the	
LIFE TEEN Fall Retreat 2017. I will not hold OLPH, LIFE TEEN, the		
Diocese of Honolulu, and/or Camp Waianae responsible for any		
unforeseen accidents or losses sustained during the retreat.		
Furthermore, I understand that if my child behaves in an unacceptable		
manner, i.e. smoking, drinking, etc., I agree to pick up my child from		
the weekend. I also give permission for my child to participate in any		
water activity that may or may not involve the use of the pool.		
Parent/Guardian Signature:	Date:	
(Submit payment with this half of the registration form by 10/4/17)		