

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

Grade \_\_\_\_\_

**8th Grade**

<b>Please Check</b>	<b>Option/Retreat</b>	<b>Dates</b>	<b>Time</b>	<b>Course Replacement</b>
	Tony Bellizzi	Saturday March 3	8:30-2:00pm	Retreat
	Journey to the Cross	Thursday April 5	4:00-9:30pm	Retreat
	Generation Life	Sunday Nov. 6	10:30-4:30pm	Morality
	Hello God!	Friday Dec. 16	4:30-9:00pm	Prayer
	The Ultimate Gift	Friday Jan. 13	4:30-9:00pm	Personal Growth II
	Church Through Ages	Friday March 23& March. 30	4:30-8:30pm 4:30-8:30pm	Church History (must attend both days)
	CYFM (Morality)	1/27-28 or 1/28-29	overnight	Morality

Please make checks payable to **St. Denis Religious Education**

Registration is on a **"first come, first served basis"**.

No refunds will be given 7 days prior to in-house classes & 30 days prior to field trip/speakers.

**Parental Permission for Child's Participation in Parish-Sponsored Trip.**

I hereby request that my child, be allowed to attend and participate in the activities connected option/retreat requested for. I will provide for the transportation between my home & the function. I understand that the Parish authorities will take reasonable precautions against accident, personal injury or damage to, property while at the site of the trip, but they or the Archdiocese of New York accept no legal liability for any such occurrence except any liability based on their failure to take such reasonable precautions.

**Parent/Guardian signature:** \_\_\_\_\_

Phone#: \_\_\_\_\_



Chaperone yes/no	Fee	Total Amount
	\$30.00	
	\$30.00	
	\$0.00	
	\$30.00	
	\$30.00	
	\$40.00	
	\$75.00	pick up registration form.


Total Due: \_\_\_\_\_

with any  
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soanl injury & loss of,  
re not assuming any  
asonable precautions

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