



# JUNIOR CORE RETREAT

**SEPTEMBER 20-22**

**NEW LOCATION!!!! Circle V Ranch**

Transportation is NOT provided. Please be at Circle V by 7 pm. Eat Dinner before you come.

Retreat ends at Noon on Sunday. Please have your parents pick you up by then. Carpooling is encouraged.

**Directions:**

Circle V Ranch Camp  
Forest Route 6N04  
Santa Barbara, CA, CA 93105  
101 to San Marcos Pass, Highway 154

Head up San Marcos Pass, approximately 17 miles

Look for Forest Route 6N04 – Turn left at brown sign that says Circle V.

**Cost: \$35 (per person, covers food and lodging)**

**(Make checks payable to St. Raphael's Youth ministry)**

Questions, call Laura at 964-3466 ext. 2 or email [SRYM12@yahoo.com](mailto:SRYM12@yahoo.com)

## What to bring:

- Sleeping Bag, Pillow
- Towel
- Bathing Suit (Remember Modest is Hottest!)
- Journal
- Bible
- Flashlight
- Rosary
- Water Bottle
- A sweater for the weather at night
- We will have a few hours of free time on Saturday afternoon; feel free to bring anything that you would like to do during that time.

---

**Tear here; KEEP the other pages**  
**RETURN THIS BOTTOM HALF TO YOUTH MINISTRY**  
**Make Checks Payable To: St. Raphael's Youth Ministry**

The undersigned does hereby give permission for our (my) student, (student's name) \_\_\_\_\_,  
to attend **THE JUNIOR CORE RETREAT**

I agree to direct my child to cooperate and conform with directions and instructions of the supervisory personnel in charge of the field trip. Should it be necessary for my child to have medical treatment while participating on this trip, I hereby give the parish personnel permission to use their judgment in obtaining medical service for my child and I give permission to the physician selected by parish personnel to render medical treatment deemed necessary and appropriate by the physician.

I agree that in the event my child is injured as a result of his or her participating in this above named youth activity, including transportation to and from such activity, whether or not caused by the negligence (active or passive) of the parish or any of its agents or employees, recourse for the payment of any resulting hospital, medical, or related costs and expenses will first be had against any accident, hospital or medical insurance, or any available benefit plan of mine or my spouse.

I am not aware of any medical condition of my child which would render it inappropriate for him/her to participate in any such activity.

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parents Cell: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Student Name (Print) \_\_\_\_\_ Students Cell: \_\_\_\_\_

Any special needs: \_\_\_\_\_