

CONFIRMATION YEAR 2 OVERNIGHT RETREAT

Who: All Year 2 Confirmation Students

Where: CIRCLE V RANCH CAMP

When: SATURDAY JAN 11- SUNDAY Jan 12

Drop Off: At CIRCLE V 9:00 AM on SATUDAY JAN 11

Pick Up: At CIRCLE V 11:30 AM on SUNDAY JAN 12

Cost: \$60. This included lodging and 3 meals (Please eat Saturday breakfast before you arrive)
(Checks payable to St. Raphael's Youth Ministry)

Bring: Sleeping bag, towel, pillow, warm clothes, and flashlight.

Directions to Circle V Ranch Camp

Direction: Take the 154, San Marcos Pass from Santa Barbara. Once you get on the 154, Circle V is approx.. 17 miles on the left Once you see the sign on the **RIGHT** that says "CACHUMA LAKE RECREATION AREA RIGHT TURN ¾ MILE", Get over to the **LEFT** and get in the **LEFT HAND** turn lane, Look for the sign on the left that says, CIRCLE V RANCH , CAMP WHITTIER. Take that left off of San Marcos Pass. Follow the signs to the **LEFT** to **CIRCLE V RANCH**.

Once you see the pool stop and that is the meeting spot
Emergency phone number 805-698-8304 Justine 805-708-5130 John

HAND IN BOTTOM HALF WITH PAYMENT

The undersigned does hereby give permission for our (my) student, (student's name) _____, to attend **THE CONFIRMATION YEAR 2 RETREAT** at **CIRCLE V** . I agree to direct my child to cooperate and conform to 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.
Please turn in all prescription medications to Justine when child arrives.

PARENTS SIGNATURE: _____ PARENTS Cell _____

CHILDS NAME (PRINT): _____

This is a confirmation requirement Call John or Justine with questions 964-3466 Ext 1/ Ext 2