



Dear Youth,

January is upon us and the midway point of the school year is also here. I have an opportunity for you to get away from it all and refresh yourselves through a retreat.

The retreat is called the Mystery Retreat; only a select few have a clue of what is going to happen there. It is a great way to get away draw closer to God and your faith through a movie. We will retreat to a camp out of town and dissect ourselves and our faith in a fun relaxing environment.

The retreat will be held Friday January 29-Sunday January 31. The cost of the retreat is \$65 if this is a problem please let me know, scholarships are available. Deadline to sign-up is January 26th.

Peace

Sean Tehoke

Youth Minister

Winona Catholic Community



Winona Catholic Community

Mystery Retreat 12

Deadline to sign up is January 26th.

We will be traveling by bus and will not be stopping for supper, so make sure you eat supper before you arrive or bring a sack lunch for the bus.

A) Date and Place: The **Mystery Retreat # 12** will take place Friday-Sunday, January 29-31, at Sugar Creek Bible Camp in Ferryville, WI.

B) Time of Departure

Meet in the Visitation Commons at St Mary's at 5:30pm Friday, March 20. Parents are invited to stay for a departure prayer being held in the Commons at 5:45pm.

C) What you need to bring...

- Sleeping bag or bedding. (We will be staying in a lodge).
- Casual clothes
- Toiletries
- Towel
- Camera
- Swimsuit (there is a sauna) (modest please)
- Snack to share** with the group
- Warm clothes for if it gets cold- we will be outside
- Pop or drinks for yourself for the weekend** (There will be milk or juice at meals)
- Bible

Items due Now!!

- Permission Slip (you cannot go without one!!!!)
- Registration fee of \$65 (**please talk to me if this is a problem, scholarships are available.**)

D) Emergency Numbers: Call- (608)734-3113 or (608)734-3601 or 507-429-1023 Sean's Cell

E) Time of arrival back at St. Mary's Parish

- 12pm Sunday, January 31.
- Parents are invited to come to the Visitation Commons @ St. Mary's Parish for a closing prayer and sharing of the weekend events.

F) Other things you need to know...

Remember that January is a season of cold and snow, so dress for the season. On Saturday we will be spending a lot of time outside, so make sure you have appropriate shoes (tennis shoes). This will be a retreat led by both youth and adults, so be prepared to have a great weekend. Please do not bring electronic devices such as radios, alarm clocks, computers, etc. Also, whatever you bring *you* are responsible for if it gets lost or broken. We reserve the right to do spot checks at any time for **contraband (alcohol, tobacco, controlled substances) and if found at any time your parents will be called and you will be sent home at parents' expense.**

G) Questions??? Call: Sean at 429-1023 or e-mail me at youthmin@wacs1.org

Winona Catholic Community Youth Council
PERMISSION FORM

NAME OF EVENT Mystery Retreat 12
DATE AND TIME Friday Jan. 29 5:30pm – Sunday Jan 31 12pm.

NAME _____ GRADE _____ SEX: M F

ADDRESS _____
CITY STATE ZIP

HOME PHONE NUMBER _____ WORK # _____

EMERGENCY PHONE _____ NAME _____

COST: \$65.00

IMPORTANT MEDICAL INFORMATION

MEDICAL INSURANCE _____

POLICY NUMBER _____

MEDICAL CONCERNS _____
Medications/Allergies/Diet, etc.

AUTHORIZATION MUST BE SIGNED BY BOTH PARENT/GUARDIAN, AND BY THE PARTICIPANT.
PLEASE READ CAREFULLY

My son/daughter has permission to participate in the above stated event with Winona Catholic Community Youth Ministry. I understand such an event does involve some element of risk incidental to such participation, and I do release and hold harmless the Diocese of Winona, Winona Catholic Community, their employees, chaperones, leaders, or drivers. Neither the Diocese of Winona, Winona Youth Catholic Community, nor any said persons shall be held financially responsible for any injury, illness, or death incurred as a direct or indirect result of this activity. I understand there is no medical insurance provided by the Parish or the Diocese. In the event of an emergency, I hereby authorize emergency treatment to be administered.

Parent/Guardian Signature _____ Date _____

I (the parent/) volunteer to: chaperone _____ drive _____ or both _____

I understand that I am to be a full participant in the above stated event from start to finish. I will abide by the appropriate, respectful and responsible guidelines of St. Mary's Catholic Community. I understand that my actions can reflect either positively or negatively on myself, my church, and my faith. I understand that if I cannot live by these guidelines, I will be asked to contact my parents/guardians to arrange immediate transportation home at my expense.

Youth Participant Signature _____