

Deus Vocat Retreat (God is Calling)

April 26-28, 2024

REGISTRATION CHECKLIST

- Diocesan Permission Slip (*Event name on Diocesan Permission Slip: "Deus Vocat Retreat 2024 & Follow-up Gatherings for 2024-25 school year"*)
- Payment \$95 (*late fee of \$100 after April 19 and depending on available space*)
- Recommendation Form for Participant (Pastor, Deacon, Youth Minister or Religious Director/Coordinator)
- Photo Release Form
- Allergies: No Yes If yes, what allergy? _____
- Special Diet Needs (vegetarian, gluten free, lacto intolerant, other):
No Yes If yes, please note. There may be a need for her to bring some special food with her: _____
- Medication with Doctor's Prescription: Will your daughter bring doctor prescribed medication to the retreat? No Yes If yes, please note and indicate any special instructions. _____
- COVID Test: *We will be following CDC and diocesan guidelines. Should we need a negative COVID test, we will inform families closer to the date of retreat if this is necessary (However, should your daughter have cold symptoms, please have her stay home to rest and recover). Thank you.*
- PARENTS:** Please RSVP for Mass and/or Lunch. Will you be attending activities on Sunday, April 28, 2024? (Please do not include your daughter who is participating in the retreat in the count).

Please check the activities you will be able to attend (*only check one option please*):

- Mass and Lunch Attendance:** We will attend both Mass at 11:00 a.m. **AND** Lunch at 12 p.m. How many family members will attend both _____.
- Mass Only:** We will only attend Mass at 11:00 a.m. (we will not stay for lunch). How many family members will attend Mass _____.
- Lunch Only:** We will only attend lunch at 12 p.m. How many family members will attend lunch _____
 - Special Diet Needs - for family members attending lunch** (vegetarian, gluten free, lacto intolerant, other): No Yes If yes, please indicate the food allergy. _____
- None of the Above-Picking up daughter at 1pm:** I or a designated family member will pick up my daughter at 1 p.m. If you are not picking her up, please note the contact information of the person who will pick her up: Name & cell#: _____

Please return this check-off list with the completed forms to the Office of Vocations by April 12, 2024 with a check made payable to the Office of Vocations, 2110 Broadway, Sacramento, CA 95818. If you make an online reservation and payment at <https://www.scd.org/deusvocat>, completed forms must also be submitted NO LATER than April 22, 2024 (Registration cost will increase to \$100 after April 19 and **registrations will not be accepted after April 22nd**).

Daughter's Name _____

Name of Parent: _____

Home Tel.: _____ Cell: _____

Email: _____

Emergency contact if parents are not available: _____

Home Tel.: _____ Cell: _____

Name/Relationship