

sevenlevels

Cost

\$75.00 on or before **MARCH 14th**

*There will be no late registrations
(Make checks payable to St. Mark's Axiom.)

Registration Deadline

SUNDAY, MARCH 14 @ 9:00 p.m.

No exception.

Transportation

All retreatants must be at St. Mark's by 4:30pm on Friday, Mar. 26th. We may need parents to assist with transportation.

About the Retreat Site

This retreat is a men's/women's retreat hosted at two cabins in Garden Valley, the Geile and Long cabins. Attendance at the whole retreat is required.

What to Bring

Bring comfortable clothes; coat; shower stuff; towel; sleeping bag; pillow; pajamas; bible; rosary; and an open mind and heart.

When the Retreat Ends

We will return to St. Mark's Sunday for a potluck dinner in Donoghue Hall and an open mic session. Families are asked to join us. The retreat closes with the 6:00pm Mass, which family members are also invited and encouraged to attend. Mass is part of the retreat; attendance at Mass is required in order to attend this retreat.

Emergency Numbers

St. Mark's: 375-6651

Steffi's cell phone: 284-2476

Long's Cabin phone: 462-2119

Geile's Cabin phone: 462-3237

MEDICAL CONSENT AND INFORMATION FORM FOR SPRING 2010 RETREAT

Student's name _____ Grade 9 10 11 12

M [] F [] Date of birth ____-____-____ Home phone: _____

School: _____ Is this your first St. Mark's retreat? Y [] N []

Father's Name: _____

Father's Address: _____

City: _____ State: _____ Zip Code: _____

Father's Phone: _____ Father's Work Phone: _____

Mother's Name: _____

Mother's Address (if different): _____

City: _____ State: _____ Zip Code: _____

Mother's Phone: _____ Mother's Work Phone: _____

Email Address(es): _____

Additional Emergency Contact: _____ Phone: _____

Insurance Company: _____

Family Doctor: _____ Phone: _____

Medical information we should be aware of (allergies, schedule for medication, special diet, etc.)

***If your teen has a complicated schedule of medications, please include TYPED, complete instructions.**

CONSENT TO MEDICAL CARE

I, the undersigned parent/guardian of _____, do hereby grant authority to the staff of the AXIOM retreat team to render judgment concerning medical assistance or hospital care in the event of an injury or illness during my absence or if I am unable to be contacted. In addition I agree to hold the Diocese of Boise, its parishes, staff and volunteers harmless from liability for any illness or injury that might be incurred by my son/daughter during this event.

Furthermore, if my son/daughter violates the code of conduct, I agree to arrange transportation back home upon request.

Parent/Guardian Signature: _____ Date: _____

Fee: \$75.00 due Mar. 14th paid by check # _____ T-shirt: XL L M S

Space is limited to 40 participants per retreat. Checks are non-refundable after 11/15. Please submit your application to Stephanie Craig at 7960 Northview, Boise, ID 83704. All applications are subject to approval. The parents of each applicant will receive a follow-up letter within 1-3 days of receipt of the application. If you don't, please call!

(Retain for your information)
(Detach and return this portion)



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16017

March 26th - 28th

Seven Levels

AXIOM 2010 SPRING RETREAT

St. Mark's Church
7960 Northview
Boise, ID 83704

St. Mark's AXIOM invites you to
an extraordinary weekend

seven levels



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