

## ***Saturday January 28 – Sunday January 29***



### **-2023 Dearborn County Catholics Confirmation Retreat Information-**

All teens preparing for confirmation will be going on retreat at **The Our Lady of the Holy Spirit Center** (5440 Moeller Ave, Cincinnati, OH 45212). Participants are asked to be dropped off at **8:50am on Saturday, January 28th**. The retreat will last until **4:00pm on Sunday, January 29th**. There is a **Closing Mass at 3:00pm on Sunday, January 29th** – Confirmation Sponsors, Parents and families are invited to this Sunday Mass and are then responsible for the transportation of their children home. You must arrange transportation for your confirmation student's arrival (consider carpooling for the arrival/drop-off) and return home; please join us for Holy Mass at 3pm!

#### **The retreat will include:**

Lunch and dinner on Saturday, breakfast and lunch on Sunday, housing for Saturday evening.

**The adult coordinators are:** Fr. Meyer, Lucy Herth, Lizzie Geraci, Kim Sprague, and other adult and young adult volunteers.

**Cost:** The retreat is FREE of charge. (The cost per individual is \$75 for the weekend. If you would like to make an offering, you are welcome to do so, if not, we appreciate the consideration. If desired, simply make a check payable to your home parish, mark "confirmation retreat" on memo line, and turn in with the registration form.)

**Please pack the following:** Please dress appropriately according to the weather – we may go outside plus it's an old building so plan on a sweatshirt!

Hat, a warm jacket, comfortable walking shoes and warm socks

Rain poncho if forecasted

1 change of clothes that are modest and appropriate, there will be times that we sit on the floor

-- ladies shirts should meet their pants and young men's underwear should not be seen

Modest and comfortable gym shorts, tshirt, and shoes for possible recreation time\

Pajamas

Towel, Wash cloth and Toiletries - you might want to include chap-stick

Sleeping Bag and Pillow if desired – linens are provided in each room

Ear plugs - if you deem necessary for common room sleeping

Rosary, bible

**FOOD/ VOLUNTEER-** Please keep a lookout for a signup genius for more information for food, drink, and helping to serve.

**\*\*All Medications must be in a plastic bag and handed to the Adult Chaperons upon arrival.**

**\*\*DO NOT PACK:** I-pod, cell phone or personal electronics, pocketknives, perfume or cologne

#### **Emergency contact information for the weekend:**

Lucy Herth 812-209-8300 Kim Sprague 513-238-5795

Our Lady of the Holy Spirit Center 513-351-9800

#### **Directions to the Our Lady of the Holy Spirit Center:**

Take 47E toward Cincinnati, take exit 20 for I-75 toward Dayton, take exit 7 OH 562, take exit 3 Montgomery Road/Norwood, turn Left onto Wesley Ave, turn immediately onto Norwood Ave, turn right onto US -22/OH 3/OH 561 Montgomery Road, turn left onto Moeller Ave

RETURN the ATTACHED Permission/Participation Form & Possible Donation On or Before December 7  
Your Teen Can Bring to Class Dec. 7 or You Can Mail to Parish Office (25743 State Rt.1, Guilford)

**- Please keep this page at your home for your information! -**

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**- Permission / Participation Form - Due December 7 -**

I/We, the parents of (please print) \_\_\_\_\_  
request that the Dearborn County Catholics Confirmation Program allow our son/daughter to participate in this retreat. I/we hereby release and save harmless All Saints, St. Lawrence, St. Mary's, and St. Teresa Catholic Churches and the Our Lady of the Holy Spirt Retreat Center and any and all of its employees and volunteers from any and all liability for any and all harm arising to our son/daughter as a result of this retreat and travel to the retreat. I/we, the undersigned have read this release and understand all its terms and execute it voluntarily and with full knowledge of its significance.

In the event of an emergency, please call me at \_\_\_\_\_ and if I/we cannot be contacted, we hereby authorize that emergency treatment may be administered.

Parent Signature(s) \_\_\_\_\_ Date \_\_\_\_\_  
Parent's Name (please print) \_\_\_\_\_

**Please list all medications that your child needs and when they need to be administered:**  
*(All Medications must be in a plastic bag and handed to the Adult Chaperons upon arrival.)*

**The following are special circumstances regarding my child of which you should be aware:**

**Most of our overnight rooms at the retreat center are single rooms with only a few double twin bed rooms or single queen bed rooms. If your child needs to be placed in a shared room, please list names of other students who you would feel most comfortable with your child sharing a room with. We will do our best to accommodate.**

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