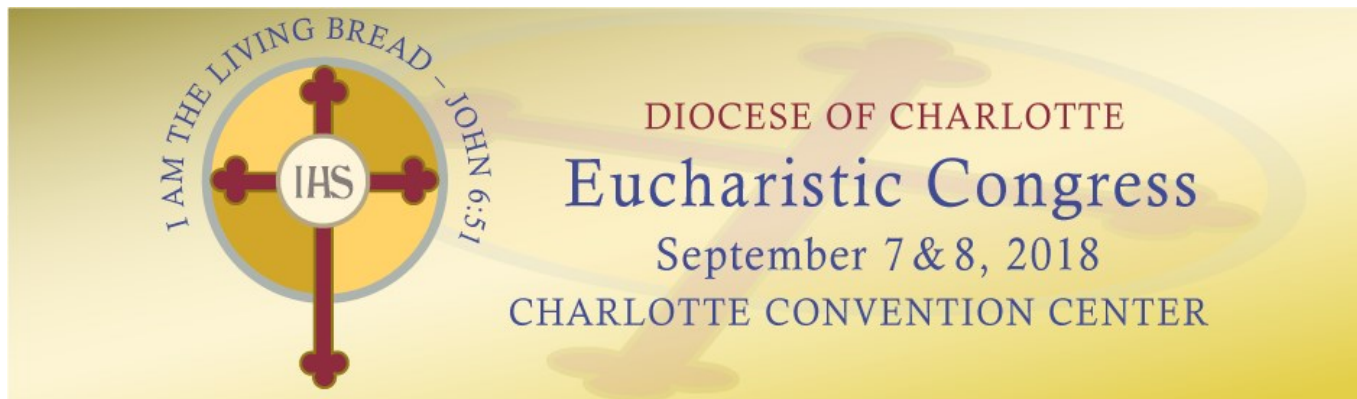


# EUCHARISTIC CONGRESS 2018

# CONGRESO EUCARISTICO 2018



## SEPTEMBER 8, 2018

## 8 DE SEPTIEMBRE DEL 2018

### DETAILS/ DETALLES

#### Who/ Quienes:

Middle School and  
High School Students

#### Where/Donde:

Uptown Charlotte

#### Cost/ Costo:

\$10 for lunch/ para almuerzo

#### Drop Off/ Dejarlos:

September 8 at 7:00 a.m.  
Saint John Neumann

#### Pick Up/ Recojerlos:

September 8 at 4:30 p.m.  
Saint John Neumann Church

### HOW TO REGISTER/ COMO REGISTRARSE

Fill out the attached form and turn in  
no later than Thursday, August 23  
*Llene el formulario junto a esta  
pagina y retornarlo no mas antes que  
el **Jueves, 23 de Agosto.***

Keep letter for reference.  
*Mantenga esta pagina para su  
referencia.*

Questions? Preguntas?  
Jose@4sjnc.org

Contact during event:  
*Contacto durante evento:*

Bradley Stiver 919-525-6939

### WHAT TO BRING? QUE TRAER?

Wear comfortable shoes and  
weather appropriate clothes.

Optional: if you have a T-Shirt of an  
SJN event please wear it :)

#### REMEMBER. RECUERDEN.

You're representing SJN, so be on  
your best behavior.

Estan representando a SJN, entonces  
a tener una buena actitud.

# EUCCHARISTIC CONGRESS 2018

## Personal Information

Participant Name:			
Street Address:			
City, State, ZIP :			
Age:	Gender:	T-Shirt Size:	N/A
School:		Grade:	
Parent Name:			
Parent Home/Cell :			
Parent Email:			
Primary Physician:			
Insurance Company:		Policy #:	
Health Issues?			
Medications?			

## RELEASE

I hereby consent to participation by my child in the event titled above. I understand that a portion of this event will take place away from parish grounds and that my child will be under supervision of the designated supervisor (s) and adult chaperones. I further agree that I have received information about this event and consent to the conditions of participation in this event, including the method of transportation (cars). I give my permission for my child, in case of an emergency, to be taken to a physician or hospital by either the supervisor in charge or by an adult chaperone. I understand that every effort will be made to contact me. If I cannot be reached, however, I hereby give permission to the physician selected to hospitalize and secure proper treatment (including surgery) for my son/daughter/guardianship.

I give permission for the Diocese of Charlotte and/or St. John Neumann Catholic Church to make use of pictures of my child for parish or diocesan publications and websites. I hereby release the Diocese of Charlotte, St. John Neumann Catholic Church and all of its affiliated entities, including its employees and volunteers from all liability for any damages suffered as a result of or relating to this trip and the use of any photograph, slide, or video.

<b>Parent/ Guardian Name (Printed):</b>		<b>Date:</b>
<b>Parent/ Guardian Signature:</b>		

## FOR OFFICE USE ONLY

<b>TOTAL:</b> <u>\$10</u>	<b>Payment 1</b> ___/___/___	<b>Payment 2</b> ___/___/___	<b>Payment 3</b> ___/___/___	<b>Payment 4</b> ___/___/___
	Type: _____	Type: _____	Type: _____	Type: _____
	Amt: _____ Bal: _____	Amt: _____ Bal: _____	Amt: _____ Bal: _____	Amt: _____
	Received By: _____	Received By: _____	Received By: _____	Received By: _____