



APPLICATION March 21-22, 2020 Tintern Retreat Center

Please print clearly.

	_0,0 01			
NAME:				
ADDRESS:	,		City/State/Zip:	
YOUTH'S E	-MAIL:		YOUTH'S PHON	E:
YOUTH CE	LL PHONE CA	RRIER (EX	AMPLE: VERIZON, US CELLU	LAR):
AGE:	G	RADE:	SEX:	M F
T-SHIRT SIZ	ZE: S M	L XL	GRADUATION Y	'EAR:
ATTEND SO	CHOOL AT: _		MEMBER OF	PARISH
PARENT(S)	/GUARDIAN(S	S):		
PARENT'S PHONE:			PARENT'S CELL:	
PARENT'S	EMAIL:			
Communic check it oft	ation to Paren en between n	nt and Youth ow and Que	h <u>will be by email</u> unless est.	otherwise notified so please
PARENT	TS: I am I am	willing to h willing to b	elp in the kitchen if neede e a chaperone in the dorn	ed. n Saturday night if needed.
communica	ate that inform Mail	nation: (che	need to be sent to parent eck one) il above which only paren	s. Please list the best way to
COST: \$45	5 (\$10 nonref	fundable fe	e) Make checks payable	e to Quest.
•	•		NT FORM, MEDICAL MAIS APPLICATION TO RES	TTERS FORM AND CODE OF SERVE SPOT.
Return comp	pleted applicati	on, parental	consent, code of behavior	, medical matters & payment
10.	Scotus Office	•	Chelsea Preister 45349 Ann St. Cornlea, NE 68642	
			OFFICE USE	
[Rev. 1-12-20]	Date applicatio	on, forms and	d deposit received:	