

Quo Vadis Retreat (Where are you going?)

August 2-4, 2024

REGISTRATION CHECKLIST

- ☐ Diocesan Permission Slip (**Event name on Diocesan Permission Slip: "Quo Vadis Retreat 2024 & Follow-up Gatherings for 2024-25 school year"**)
- ☐ Payment \$90 (late fee of \$95 after July 19th 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 _____
- ☐ Medication with Doctor's Prescription: Will your son 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 son have cold symptoms, please have him stay home to rest and recover). Thank you.**
- ☐ **PARENTS:** Please RSVP for Mass and/or Lunch. Will you be attending activities on Sunday, August 4, 2024? (Please do not include your son 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 be attending lunch _____
 - ☐ **Special Diet Needs for family members attending Lunch** (vegetarian, gluten free, lacto intolerant, other): ☐ Yes ☐ No If yes, please indicate the type of food allergy: _____
- ☐ **None of the Above-Picking up son at 1pm:** I or a designated family member will pick up my son at 1 p.m. If you are not picking him up, please note the contact information of the person who will pick him up: Name & cell#: _____

Please return this check-off list with the completed forms to the Office of Vocations by July 19, 2024 with a check made payable to the Office of Vocations, 2110 Broadway, Sacramento, CA 95818. If you made an online reservation and payment at <https://www.scd.org/quovadis>, completed forms must also be submitted by July 19 (Registration cost will increase to \$95 after July 19th and **registrations will not be accepted after July 22nd**).

Son's Name: _____

Name of Parent: _____

Home Tel.: _____ Cell: _____

Email: _____

Emergency contact if parents are not available: _____

Home Tel.: _____ Cell: _____

Name/Relationship