

Quo Vadis Retreat (Where are you going?)

August 1-2, 2025

REGISTRATION CHECKLIST

- ☐ Diocesan Permission Slip (*Event name on Diocesan Permission Slip: "Quo Vadis Retreat 2025 & Follow-up Gatherings for 2025-26 school year"*)
- ☐ Payment \$95 (*late fee of \$100 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: At this time we are not requesting a COVID Test to be done, **however, if your son has cold symptoms, it is better that he stay home to rest and recover. Thank you for your understanding.**
- ☐ **PARENTS – RETREAT SCHEDULE AND TRANSPORTATION:** Parents are requested to drop off and pick up your son each day or designate a person to drop off or pick up your son. Please provide the name and phone number of the person who has permission to pick him up.

<u>SCHEDULE FOR FRIDAY,</u> <u>AUGUST 1, 2025</u>	<u>SCHEDULE FOR SATURDAY,</u> <u>AUGUST 2, 2025</u>
Arrival Time: 4pm (at the Parish Hall)	Arrival Time: 8am (at Parish Hall)
Pick-up Time: 9pm (at the Parish Hall)	Pick-up Time: 8pm (at the Parish Hall)

Transportation for your Son:

- ☐ I will drop off and pick-up my son each day.
- ☐ I have designated someone to pick son up:
Name: _____
Telephone Number (cell number): _____

Please return this check-off list with the completed forms to the Office of Vocations by July 18, 2025 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 18 (Registration cost will increase to \$100 after July 18th and **registrations will not be accepted after July 25nd**).

Son's Name: _____

Name of Parent: _____

Home Tel.: _____ Cell: _____

Email: _____

Emergency contact if parents are not available: _____

Name/Relationship

Home Tel.: _____ Cell: _____