Church of Saint Joseph
6 New Street – Mendham, NJ 07945
973-543-5950

Year 2 Confirmation Retreat Permission Slip

DATE:	**Tuesday, February 28, 2012**
PLACE:	St. Joseph Church – Mendham
	"The Net Ministries" will be our retreat leaders
	To learn more about them visit their website at www.netusa.org
TIME:	**4:30 pm – 9:00 pm** *(must arrive on time – cannot attend late)*
MEET:	**In the Gym at St. Joseph's School**
ATTIRE:	Comfortable / Casual / Jeans
DINNER:	Pizza, salad, fruit will be provided

Please mail this form to: Mrs. Annette Tracy, DRE (atracy@stjoesmendham.org)

_____ _____
Print Student Name Email Address

_____ _____
Address City Zip Code

_____ _____
Home Phone Cell Phone

_____ _____
Emergency Contact Name for Feb. 28 Emergency Contact Phone for Feb. 28

I confirm that my son/daughter _____ will attend the Confirmation Retreat on February 28, 2012. In the event of an emergency and I/we cannot be reached, I/we give permission for any emergency medical treatment.

_____ _____
Parent / Guardian Signature PRINT Parent / Guardian Name

_____
Date

Known Allergies: _____

Comments: _____

_____

NOTE: In the event of a snowstorm on 2/28, please call 973-543-5950 x 19 or x 13 for a recorded announcement regarding retreat cancellation.