



ST. PAUL MISSION TRIP



NORMALLY IN THE SUMMER, OUR LADY OF GRACE LIFE TEEN VISITS OUR SISTER PARISH IN MCKEE, KENTUCKY. HIGH SCHOOL STUDENTS ARE INVITED TO JOIN IN A WEEK OF SERVICE, HILARITY, COMMUNITY, PRAYER, JUSTICE AND FELLOWSHIP. THIS YEAR WE WANTED TO HAVE OUR MISSION TRIP DURING FALL BREAK. WE HOPE YOU WILL TAKE A CHANCE ON THIS ADVENTURE THIS FALL!

WHAT: A FALL MISSION TRIP FOR HIGH SCHOOL STUDENTS. WE WILL DO BASIC HOME REPAIR, CHILDCARE, OR ELDERLY VISITATION SERVICE WORK EACH DAY. THERE WILL BE OPPORTUNITIES TO CELEBRATE THE EUCHARIST TOGETHER, PROCESS THE DAY THROUGH COMMUNAL PRAYER, AND LEARN ABOUT SOCIAL JUSTICE. THERE IS LOTS OF FREE TIME AT THE END OF EACH DAY TO PLAY GAMES, GO SWIMMING, AND MEET NEW PEOPLE!

WHEN: SUNDAY, OCTOBER 9TH- FRIDAY, OCTOBER 14TH

WHERE: ST. PAUL CATHOLIC MISSION IN MCKEE, KENTUCKY (OLG'S SISTER PARISH). CHAPERONES WILL DRIVE RENTED VANS OR SUVs TO KENTUCKY AND THROUGHOUT THE WEEK.

WHO: THE TRIP IS OPEN TO INCOMING FRESHMEN THROUGH SENIORS IN HIGH SCHOOL. CHAPERONES WILL INCLUDE YOUTH MINISTRY STAFF AND VOLUNTEERS. IF YOU ARE INTERESTED IN CHAPERONING, PLEASE SPEAK TO STACY COSTA.

COST: THE COST FOR ALL TRANSPORTATION, LODGING, FOOD AND SUPPLIES WILL BE \$325. A \$100 DEPOSIT IS DUE SEPTEMBER 25. AS IS THE CASE FOR ALL OLG LIFE TEEN EVENTS, COST SHOULD NOT BE A REASON NOT TO ATTEND. FOR FINANCIAL ASSISTANCE OPTIONS, PLEASE CONTACT STACY COSTA.

OCTOBER 9-14 2016



ST. PAUL MISSION TRIP

Participant Name: _____

Email: _____

Address: _____

City: _____ Zip: _____

Cell Phone: _____

Grade: 9 10 11 12 Sex: M F

Parent/Guardian Name(s): _____

Parent Phone(s): _____

Emergency Contact: _____

Emergency Contact Phone: _____

Insurance Provider: _____

Policy/Group Number: _____

Current Medications: _____

I grant permission for my child to participate in the St. Paul Mission Trip from October 9-14 2016. I will not hold Our Lady of Grace or the Diocese of Lafayette-in-Indiana responsible in the event of any injury or accident to my son or daughter while participating in the St. Paul Mission Trip. I warrant that, to the best of my knowledge, my child is in good health and able to participate in all program activities. **In case of a medical emergency**, I understand that every effort will be made to contact parents or guardian of participants. In the event that I cannot be reached, I hereby give permission to the Youth Ministry Program Directors to seek treatment for my son/daughter. I do hereby give permission to the medical staff to hospitalize or secure proper treatment for my son or daughter.

Parent/Guardian Signature: _____ Date: _____

PACKING LIST

TO BRING :

- WORK SHIRTS AND PANTS THAT CAN GET DIRTY
- WORK BOOTS/STURDY SHOES AND GLOVES
- INSURANCE CARD COPY IN CASE OF EMERGENCY
- MODEST LEISURE CLOTHES FOR EVENING FREE TIME
- LEISURE SHOES (SNEAKERS OR SANDALS)
- QUALITY SOCKS
- SWEATSHIRT OR LIGHT JACKET
- RAIN GEAR
- SUNGLASSES AND/OR HAT
- MODEST SWIMSUIT, TOWEL
- SLEEPING BAG AND PILLOW
- TOILETRIES AND SUNSCREEN

- WATER BOTTLE
- FLASHLIGHT
- SNACK TO SHARE
- SPENDING MONEY FOR MEALS ON THE ROAD OR SOUVENIRS

OPTIONAL :

- JOURNAL, BIBLE, OR BOOK TO READ
- CAMERA
- BAG FOR DIRTY LAUNDRY
- FRISBEE, FOOTBALL, OTHER FREE TIME ACTIVITIES
- MUSICAL INSTRUMENT

NOT TO BRING :

- ILLEGAL OR VERY EXPENSIVE ITEMS
- ELECTRONIC GAMING SYSTEMS
- LOTS OF LUGGAGE

RETURN REGISTRATION FORM & \$100 DEPOSIT TO YM OFFICE BY SEPTEMBER 25TH