

YOUTH TEAMS OF OUR LADY MAY CEREMONY RETREAT 2007

We have a great weekend planned and you're invited! There will be a retreat gathering for young people for our annual Youth Teams of Our Lady May Ceremony at the Melrose Michaelite Fathers Retreat Center. This awesome celebration gives you the feel of a retreat with the aspect of prayer and learning, as well as plenty of time to socialize and get to know the teams from around Ontario.

We encourage you to come for the whole weekend- our time together begins on Friday night with and ends on Sunday evening. If, however, you won't be able to come for the entire weekend then at least try to come on Saturday morning.

ARRIVAL: Friday, May 25th, 7:00pm

DEPARTURE: Sunday, May 27th, 4:30pm

LOCATION: Melrose Retreat Centre, 2571 Sunningdale Road West (R.R. #41), London, Ontario N6H 5L2, Canada, Tel. (519) 471-3180 (Directions)

COST:

Retreat Package Includes:
accommodations, food & all activity expenses

Friday/Saturday/Sunday - **\$70** (per person*)

Saturday/Sunday - **\$50** (per person*)

Saturday - **\$25** (per person*)

* \$140/family (two or more people from the same family)

ALL payment will be processed through our www.ytol.org website using PayPal ONLY. All major credit cards are accepted, including PayPal account payments. This lets you take care of the cost quickly and easily. Please contact finance@ytol.org if you have any questions.

The holder of the credit card fills out the "Billing Information", where as the delegate information is filled out in the "shipping Information" section. This will ensure that the correct amount is applied to the correct delegate.

Fill out the registration form below and give them to your animator, or send them in PDF format to either Wojtek Straszak (w_straszak@hotmail.com) or Matthew Dabrowski (solar_raczek@hotmail.com).

May Ceremony Retreat 2007 Registration Form

PACKAGE SELECTED (Please Circle):

Friday/Saturday/Sunday

Saturday/Sunday

Saturday

FAIMLY RATE APPLIED? (Please Circle): YES or NO

NAME _____

ADDRESS: _____

EMAIL ADDRESS: _____

PHONE # () _____

OTHER # () _____

BIRTH DATE (DAY/MONTH/YEAR) ____ / ____ / ____ AGE: ____ SEX: M / F

EMERGENCY CONTACT 1

NAME: _____

RELATION: _____

WORK # () _____

HOME # () _____

EMERGENCY CONTACT 2

NAME: _____

RELATION: _____

WORK # () _____

HOME # () _____

DO YOU HAVE ANY ALLERGIES to FOOD / MEDICATION / OTHER? (Please List):

DO YOU HAVE SPECIAL DIETARY NEEDS? (Please List): _____

DO YOU CARRY AN EPIPEN INJECTOR? (Please Circle) YES NO

DO YOU HAVE ASTHMA? (Please Circle) YES NO

DO YOU HAVE DIABETES? (Please Circle) YES NO

DO YOU HAVE EPILEPSY? (Please Circle) YES NO

DO YOU TAKE ANY MEDICATION? (Please Circle) YES NO

MEDICATION / FREQUENCY (Please List): _____

