

PLEASE KEEP THIS LETTER FOR YOUR REFERENCE.

Hello, Beautiful! We are so excited to have you join us for the first All Beautiful Women's Retreat with St. Anthony Catholic Church! Our retreat weekend will begin at St. Anthony Parish Hall with transportation provided to Our Lady of Corpus Christi Retreat Center in Corpus Christi. We ask that you have a family member or friend drive you to the Parish Hall. This will also be where they can pick you up at the end of the retreat on Sunday. Please arrive at the Parish Hall between **5 and 5:30 pm** for check-in. Any remaining registration fees will be collected at this time via cash or check. The bus will leave promptly at 5:45 pm!

Dinner that first evening and all meals during the weekend will be provided at the retreat center. The retreat will conclude on Sunday, July 1, with the 12:00 PM Mass at St. Anthony Catholic Church. There will be a closing meal in the Parish Hall after the Mass. Your family members are invited to attend the closing Mass and family meal afterwards. Please let them know to arrive early for Mass as it can get quite crowded.

We will dress casually throughout the weekend. You will need to bring comfortable clothes and a light sweater or jacket. Please wear modest clothing that is not too low cut, short, or revealing. There will be an occasional walk outdoors, but most of the time will be spent in the conference rooms which can get cool at times. Please remember to bring the following items:

- Bedding: sheets, blanket, pillows, etc.
- A small flashlight
- Medications – please indicate on the medical form if any should require refrigeration
- Bible (if you like)
- Black pants or dark denim jeans for Sunday
- Towel and washcloth
- Toothbrush
- Toiletries: shampoo, conditioner, body soap, toothpaste, deodorant, etc.
- Eyeglasses (if needed)
- Notetaking supplies (should you like to take notes)

If you were on the waiting list, we may not be able to provide you with a retreat t-shirt. In the event that this is the situation, please bring a blue shirt for Sunday.

It is very important that you have no interruptions (phone calls, visits, business matters, etc.) during the entire retreat. **Please provide your family with the attached sheet of emergency contact information so that they can contact one of the co-directors should an emergency or question arise.** We will deliver any emergency messages to you in a timely manner.

We look forward to seeing you on June 28! Please contact one of us should you have any questions.

With all God's blessings,
Erica T. Garcia
(361) 815-2279

Myrta A. Espinoza
(361) 455-9874

Laura McCracken
(361) 816-7108

PLEASE LEAVE THIS WITH YOUR FAMILY OR EMERGENCY CONTACT.

In case of emergency, please contact one of the Co-Directors:

**Erica Garcia
(361) 815-2279**

**Myrta Espinoza
(361) 455-9874**

**Laura McCracken
(361) 816-7108**

If we are unable to answer the phone right away, please text and/or leave a voice message with the following information:

- **Your name**
- **Name of the retreatant for whom you are calling**
- **The nature of the emergency**
- **A good number at which you can be reached**

We will get back with you as soon as we can!

St. Anthony of Padua Catholic Church
ALL BEAUTIFUL Women's Retreat: A Retreat After Mary's Own Heart
June 28-July 1, 2018 at OLCC
Registration Fee: \$150.00
\$50.00 non-refundable deposit requested at time of registration

Last Name: _____ First Name: _____

Address: _____ Name on Tag: _____

City: _____ State: _____ ZIP: _____ D.O.B. _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-mail: _____ (please print neatly for us)

Parish: _____ Marital Status: Single Married Divorced Widowed

T-shirt size (circle one): S M L XL 2X 3X 4X 5X

I understand that the deposit for the retreat is non-refundable and will hold my spot for the retreat, and my attendance is contingent upon completion of paying the full retreat fee of \$150. Failure to pay the entire fee by the end of sendoff on June 28 will forfeit my participation at the retreat. If I cannot attend the retreat for any reason, I will contact one of the directors to inform them as soon as I can so that someone from the waiting list may be offered the open spot.

In the event that I need to cancel my attendance and retreat t-shirts have been ordered, I understand that the t-shirt will be given to the woman who fills my spot. Due to costs that will be incurred (e.g., food, supplies, etc.), if I cancel my attendance less than three weeks before the retreat start date or if I have to leave during the retreat for any reason, I understand that I cannot be refunded any portion of the retreat registration fee which has been paid.

Signature _____ Date _____

Please return this form to the Parish Office.
Questions may be directed to the Parish Office by calling: (361) 387-2774

Medical Information Form

Please answer completely. Write none or n/a if it does not apply to you.

Name _____ Cell Phone _____

Please note that this information is for our Nurse and Directors ONLY and is needed so that the Agatha (Nurse) may discreetly give you your medication(s) or provide you a reminder to take them.

Please list any and all medications you are taking: name, dosage, and time taken.

Please indicate any special needs. Example: medicine needs refrigeration.

List any allergies.

Emergency Contacts

1. Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

2. Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Signature: _____ Date: _____

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Questions may be directed to the Parish Office by calling: (361) 387-2774**

LIABILITY WAIVER FOR ADULTS
Release of Liability

Parish: St. Anthony Catholic Church

Activity: All Beautiful Women's Retreat

Dates of Activity: June 28-July1, 2018

Activity Participant: _____
(PLEASE PRINT FULL NAME)

The above named ACTIVITY PARTICIPANT agrees to defend, protect, indemnify, and hold harmless the above named PARISH and the Diocese of Corpus Christi, its officers, directors, agents, employees, volunteers, or representatives associated with the above named ACTIVITY against and from all claims arising from the negligence or fault of the above named ACTIVITY PARTICIPANT or any of their agents, family members, officers, volunteers, helpers, partners, organizational members or associates which arise out of the above named ACTIVITY.

Additionally, the above named ACTIVITY PARTICIPANT agrees to protect, defend, hold harmless, and fully indemnify the above named PARISH for any claim or cause of action whatsoever arising out of the above mentioned ACTIVITY which takes place during the above identified DATE(S) OF ACTIVITY that is brought against the PARISH by the above named ACTIVITY PARTICIPANT'S negligence.

The unlawful use, possession, purchase, sale, distribution or being under the influence of any illegal drug and/or the misuse of legal drugs and alcohol while on the premises during the retreat is strictly prohibited. The above named PARISH also prohibits reporting to the retreat site(s) while impaired by the use of alcohol or consuming alcohol while in participation of the retreat during the above identified DATE(S) OF ACTIVITY.

If any portion of this agreement is held invalid, it is agreed that the balance thereof, shall continue in full legal force and effect.

By signing below, I am fully aware and in agreement with the terms mentioned above. Compliance with this Liability Waiver and Substance Abuse Policy Acknowledgment is a condition of attendance.

Signature: _____ Date: _____
(REQUIRED)

Name: _____ Date: _____
(PLEASE PRINT)

Please return this form to the Parish Office.
Questions may be directed to the Parish Office by calling: (361) 387-2774