

Guys for God!



Vocation Discernment Retreat

God, what should I do with my life? What's after high school? Will I eventually get married? Could I be called to be a priest? How can I know for sure?



May 20-22, 2011
St. Meinrad Seminary

- Transportation provided from Louisville.
- \$25 registration fee. Financial assistance available.
- All meals included.

If you've asked yourself these questions, this retreat is for you. Join other high school aged young men of the archdiocese for a weekend visit to Saint Meinrad Seminary to pray about what God is calling you to do with your life.

Why a vocation discernment retreat? Because God's call can only be discovered through prayer. This isn't a retreat to convince you that priesthood is your vocation. Rather, you'll receive good information about all vocations and the tools you need to hear God's voice. Most of all, you'll have time to pray and listen (and time to have some fun).

Whatever you are called to do with your life, this retreat will help you appreciate your Catholic faith and grow closer to the Lord.

To have registration forms emailed to you, contact Fr. Jeff Shooner in the Vocation Office at jshooner@archlou.org or call 502-636-0296.



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Vocation Discernment Retreat

Information Sheet

- When:** May 20-22, 2011
- Where:** Saint Meinrad Seminary, St. Meinrad, Indiana
- Who:** Freshmen through Senior young men in high school. A graduating eighth grader may attend with a letter of recommendation by his pastor.
- Transportation:** Transportation will be provided from the Flaget Center. Arrive at the Flaget Center at 4:30 p.m. on Friday, May 20. Return by 2:00 p.m. on Sunday, May 22.
- Cost:** \$25 collected on or before the day of the retreat. Financial assistance is available. Cost includes dinner on Friday, breakfast, lunch and dinner on Saturday, and breakfast and lunch on Sunday.
- Snacks:** Each participant should bring a 2 liter of soda and a bag snack (chips, pretzels, funions, etc.).
- Deadline:** Registrations need to be submitted in paper or electronic format by Friday, May 13, 2011.
- Contact:** Fr. Jeff Shooner, Linda Banker, or Brenda Gaffney in the Vocation Office.
Phone: 502-636-0296.
Email: vocation@archlou.org
Address: 1200 S. Shelby Street, Louisville, KY 40203.

Archdiocese of Louisville
Permission Form

I, _____ parent/guardian request that my
Child _____ be allowed to participate in

The Guys for God! Vocation Discernment Program on **May 20-21, 2011** sponsored by the Vocation Office of the Archdiocese of Louisville. The programmatic/education purpose of this activity is the experience of discerning God's will in his life.

I further give my permission for my child to ride in any vehicle designated by the adult in whose care my child has been entrusted while participating in the above activities.

In consideration of permitting my child to attend and/or participate, I do hereby, for myself and my child (children) waive and release any and all claims that I might have against the Vocation Office of the Archdiocese of Louisville and any designated driver of a van, bus, car or vehicle, for any and all injuries or losses suffered by said child (children) while engaged in the above activities.

In case of any medical emergency, I understand that every effort will be made to contact the parents or guardians of the child participating in the Vocation Office programming. In the event that I cannot be reached, I hereby give permission to the physician selected by the Vocation Director to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child, as named herein.

I also give permission for my child to be photographed and that this picture may be used for diocesan publications, web site, newsletters, Record articles, and posters.

Signature of Parent/Guardian _____ **Date** _____

Address _____

City _____ **State** _____ **Zip** _____

Home Phone _____ **Cell Phone** _____

Emergency Phone _____ **Parish** _____

Please return this form to your parish youth minister or campus minister, if instructed to do so, or to:

Vocation Office
Maloney Center
1200 S. Shelby Street
Louisville, KY 40203

Archdiocese of Louisville Health Form

Name _____ Date of Birth _____

Address _____

Male ___ Female ___ Home Phone _____ Cell Phone _____

Is your son/daughter in general good health and able to participate in all normal activities?
____ Yes _____ No If No, please submit a statement indicating limitations.

Please give date of most recent physical examination _____

Family Physician or Clinic _____

Immunization History: Please give dates for the following
DPT _____ DPT Booster _____
Tetanus Booster _____ Polio Series _____
Polio Booster _____

Please answer the following that apply to your son/daughter.

Allergies: _____ Yes _____ No
My child is allergic to: _____

Is your child currently taking any medication? _____ Yes _____ No
If yes, list type of medicine: _____

Do we have permission to dispense Tylenol, if needed? _____ Yes _____ No

Please notify the Vocation Director if your son/daughter is exposed to any communicable disease during the three week prior to attendance of an activity.

In case of any medical emergency, I understand that every effort will be made to contact the parents or guardians of the child participating in Vocation Office programming. In the event that I cannot be reached, I hereby give permission to the physician selected by Vocation Director to hospitalize, secure proper treatment for, and to order injections, anesthesia or surgery for my child, as named herein.

Signature of Parent/Guardian _____

Date: _____

Daytime Telephone Number: _____

Evening Telephone Number: _____

Family Health Insurance Provider: _____

Policy Number: _____