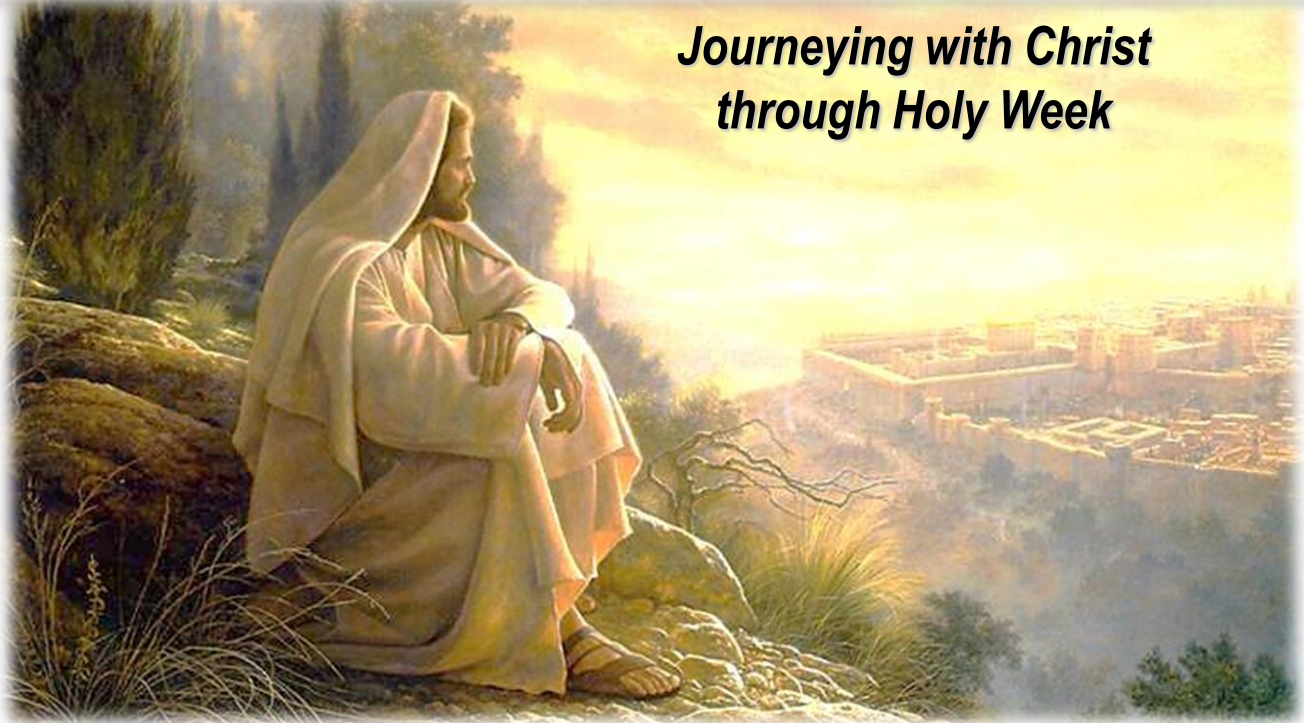


RCIA Retreat

Saturday April 8, 2017



Journeying with Christ through Holy Week

0830 Morning Prayer
0915 Breakfast
1000 Presentations
& Prayer
1230 Lunch
1330 Presentations
& Prayer
1530 Retreat Ends

Sponsors, family and friends are encouraged to attend with the participant. Teens 16 years and older are invited if accompanied by a parent.

- Scriptural and Liturgical Journey through Holy Week
- *Lectio Divina* – praying with the Word of God
- Encountering Christ in the Sacramental Life of the Church

Barry Metzentine, Director of Evangelization and Catechesis

Information and registration, contact: Barry Metzentine • phone 541.388.4004 • fax 541.388.2566 • barry@dioceseofbaker.org



Parish Registration | \$15 per participant (includes breakfast & lunch) | RCIA Retreat | Saturday April 8, 2017

Parish Name: _____ RCIA Leader Name: _____

RCIA Leader Phone #: _____ RCIA Leader Email: _____

Number Attending: (Catechumens) _____ (Candidates) _____ (Confirmandi) _____ (Sponsors) _____ (Other) _____

**To: Diocese of Baker • Attn: RCIA Retreat
641 SW Umatilla Ave • Redmond, OR 97756**

Please make checks payable to "Diocese of Baker" and mail the parish & individual registration forms & payment **by March 31.**

RCIA Retreat

Saturday April 8, 2017

Individual Registration

Please complete this Registration Form & Medical Release and return with your Registration fee **by March 31, 2017.**

Registration Fee: \$15

I would like to stay at the Powell Butte Retreat Center : FRI SAT
(\$20 per night; please include this with your registration fee.)

Note: must bring own bedding and bath supplies.

To: Diocese of Baker • Attn: RCIA Retreat
641 SW Umatilla Ave • Redmond, OR 97756

Name _____ M F
(Please Print)

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

Email _____

Parish Name _____ Parish City _____

Check one: Catechumen Candidate Confirmandi Sponsor Other

RELEASE OF ALL CLAIMS

In consideration of the permission granted to the above named by _____ (your name) to participate in this Retreat, I hereby release the Bishop of the Diocese of Baker, the Diocese, its agents and employees from all action, causes of actions, or damages claims, demands which I, my heirs, executors, administrators, or assigns may have against the Diocese of Baker and other above described parties, for all personal injuries or to other claims for relief known or unknown which said child or ward has or may incur by participating in the above described activity/event and which would normally occur as an assumed risk of participating in said activity or activities. I agree to compensate the parish, its officers, directors and agents and the Diocese of Baker, its employees and agents and chaperones, or representative associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish/diocese. I, the undersigned, have read this release and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

In witness whereof, I have executed this release on the _____ day of _____ 20____.

Signature _____ Date _____

**Please list any food allergies. We'll try to accommodate your dietary needs.

Food Allergies: _____