

Lycoming County Catholic Youth Ministry & St. Ann Catholic Church

Just how Crazy Can We Be???

Hmmm...for Jesus? TOTALLY CRAZY!!!

Join us on the most insane trip EVER!

We're off to meet up with hundreds of Catholic teens in New York City in the middle of the night for an amazing experience of prayer, music and friendship.

Here's the plan:

→ Saturday, December 5, 2:30pm Depart St. Ann Parking Lot
QUICK dinner stop on the way (mmm mmm mmm....greasy fast food!)

→ approximately 7pm Arrive NYC

→ 7:30pm - 10:30pm Catholic Underground
(Check it out at <http://www.catholicunderground.net/spot.html>)

→ 11pm Depart Our Lady of Good Counsel Church, Manhattan
Heads up: this is a direct 'flight', NO stops (i.e. BRING SNACKS, DRINKS & PILLOWS!)

→ Approximately 3:30am Arrive St. Ann, Williamsport
Followed immediately by a Candlelight Pilgrims' Mass
Let's face it, no one will want to get up for Mass...so we'll just stay up and do it ourselves!

→ Between 4:30 & 5:00am Head home and FINALLY get some sleep
[Your parents will LOVE waking up to come get you!!!!]

COST: \$10.00 plus Dinner Money
(PLEASE! let us know if you need some financial help.)

CHECK WITH THE "RENTS (Mom, Dad, you know the drill...)
Limited seating, so get your PERMISSION SLIP and PAYMENT
to ST. ANN'S RECTORY [1220 Northway Road]
no later than WEDNESDAY, NOVEMBER 25!

Please call 322-5935 or email pfontanella629@hotmail.com with any questions.

Mail to St. Ann Church - 1220 Northway Road, Williamsport, Pa, 17701-3890

Lycoming County Catholic Youth Ministry

PARENT CONSENT AND RELEASE FORM

(Please type or print legibly all information)

Name _____ Age _____

Address _____

City _____ State _____ Zip _____

Parent/Guardian:

I, _____, the undersigned, give permission for my son/daughter

_____ to attend the *Catholic Underground Pilgrimage* in New York City, December 5-6, 2009, and, if needed, to be evaluated, diagnosed, treated and/or medicated in accordance with standard medical practice by licensed medical personnel. I relieve St. Ann Catholic Church, and the Diocese of Scranton of all responsibility and consequences that may arise as a result of this treatment.

I will not hold St. Ann Catholic Church, nor the Diocese of Scranton, chaperones or representatives associated with the event responsible in the event of injury. Further, I agree to accept any and all financial responsibility in the event of injury or illness. Further, I agree to accept any and all financial responsibility as a result of scheduling such treatment.

Medical Information:

My child is allergic to _____.

My child must take the following medication (indicate dosage, frequency, etc.) _____

You should be aware of these special medical conditions of my child _____

Insurance Carrier: _____

Policy Carrier: _____

Policy Number: _____

Date of last Tetanus Booster: _____

In case of emergency notify: _____

Relationship to youth: _____

Telephone: Day () _____ Evening () _____