



## **Come To The Antioch Weekend**

### **What is an Antioch Weekend?**

*The Acts of the Apostles record that it was at Antioch that the disciples were first called Christians (Acts 11:26). During the early time of the church, the community at Antioch was recognized as a particularly faithful, vibrant, loving, and prayerful people of God. Our goal is to seek this community.*

### **What Is The Weekend Like?**

It is a dynamic weekend full of sharing, discussion, music, fun and much more. This weekend is facilitated mostly by high school students with the help of a few adult spiritual directors.

### **Who Can Go?**

An Antioch weekend will be held at **Queen of Peace Parish, May 15<sup>th</sup> – 17<sup>th</sup>**. Students will be separated by gender and sleep at the homes of host families. This Antioch weekend is open to *all high school students*. Membership to Queen of Peace Parish is NOT a requirement and Non-Catholic friends are welcome. An open heart is all that is required to make a meaningful weekend for you and your friends.

### **How Do I Register?**

Just complete the registration form. If you are a minor, have your parents sign the permission form, and send it along with a check made payable to Antioch Youth Group. Cost for the weekend is \$40 *if mailed or dropped off at Queen of Peace Parish before May 7<sup>th</sup>* or \$50 if mailed or dropped off after May 7<sup>th</sup>. Cost includes food, supplies, and t-shirt. Registration forms must be signed by an adult in order to be accepted. Please note, that the registration for the weekend is limited in number, and applications will be processed as received. If the quota is met before the deadline, the remaining applications will be put on a waiting list in the order received.

### **Is there a Deadline?**

**If there are available spots we will accept registrations.** After *May 7<sup>th</sup>*, please contact Chip or Virginia Leinen at 273-1591 as soon as possible to secure a place on the retreat. If the registration is accepted, a parent must be present at Queen of Peace Parish 6:30 pm Friday to complete the registration form and receive the parent information that is usually emailed.

### **If I have questions?**

If you have questions, please call one of us below.

Chip/Virginia Leinen 273-1591 (anytime)

Gus Zuehlke 255-1437 (day)

### **Where Do I Send The Registration?**

Queen of Peace Parish

Attn. Antioch Retreat

4508 Vistula Ave.

Mishawaka, IN 46544

FAX (574) 255-9675

**Registration/application (to be completed by candidate – please print neatly)**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Phone \_\_\_\_\_ Zip \_\_\_\_\_ T-Shirt Size: S M L XL XXL

Parish or Church \_\_\_\_\_ School \_\_\_\_\_

Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

E-mail \_\_\_\_\_ Gender: M / F

My hobbies/interests are:

I would describe myself as:

I would like to come to this weekend because:

I heard about it from:

Other retreat / conference I have attended:

**Candidate:** I plan to attend the entire Antioch weekend, from May 15<sup>th</sup> through May 17<sup>th</sup>. I have enclosed a check for \$ \_\_\_\_\_ with this registration.

**Candidate signature:** \_\_\_\_\_

**Parental Permission (for high school students - to be completed by a parent or guardian)**

I give full permission for my son/daughter to participate in the Antioch weekend held at Queen of Peace Parish May 15<sup>th</sup> 7:00PM through May 17<sup>th</sup> 3:30PM. I understand that it is to be held on the parish grounds for the entire weekend. If I have any questions or concerns, I will take the initiative to gain information regarding regulations and guidelines by speaking to one of the leaders. I am aware that the young people will be sleeping in assigned sleep groups separated by gender, in the homes of host families who are familiar with Antioch. *I fully expect to be notified if my child is disrespectful or uncooperative.* My child is fully able to care for him/herself independent of any assistance, however she/he has the following health condition or is in need of the following diet or medication \_\_\_\_\_. If medical attention is required in the course of the weekend, I hereby give permission for my son/daughter to be treated. I furthermore completely absolve and release St. Bavo Parish, Antioch, or any individuals helping on this retreat from any legal or financial liability related to my child's participation in this weekend.

**Parent permission signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Emergency Contact Information (Please Print):

Parent/Guardian Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_