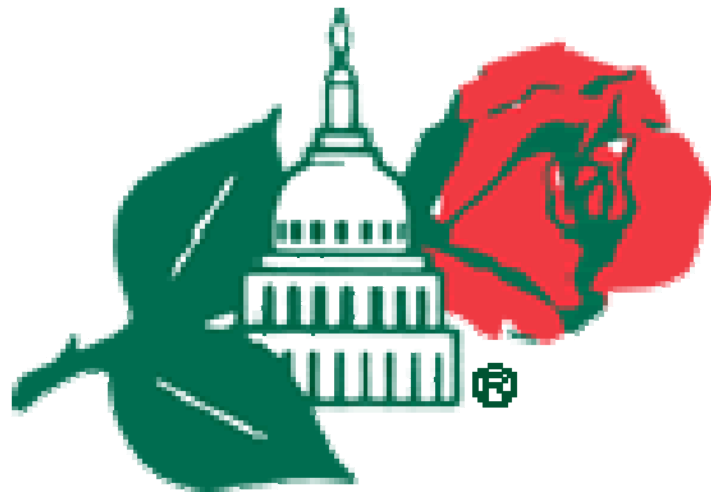


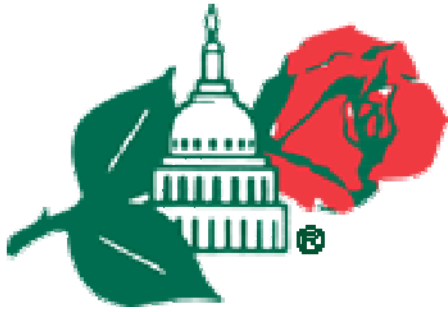


March for Life 2017



Washington, DC
January 27, 2017





March for Life

January 25-29, 2017
Washington, DC

The Office of Youth Ministry will be hosting four buses to the March for Life Rally in Washington, DC. We will provide transportation, Hotel, tickets for a rally the night before and the day of the march and some meals. The cost of the trip is **only \$350.00** per person.

Tentative Schedule

Wed, January 25, 2017	5:00 p.m.	Leave for Washington
Thurs, January 26, 2017	4:00 p.m.	Check in hotel, freshen up, and go eat dinner at the Tyson Mall. Attend Life is Very Good Praise and Worship with Adoration at the Patriot Center.
	10:45 p.m.	Mass, for those who want to attend. Place TBA
Fri, January 27, 2017	8:00 a.m.	Eat Breakfast at the Hotel then leave for Life is Very Good Rally at Patriot Center. After rally, get a Ckick-fil-a meal and eat it on the bus as we travel to the March for Life.
	4:30 p.m.	Go to the National Shrine
	7:00 p.m.	Go eat dinner and then head back to the hotel.
	10:00 p.m.	Each floor should have a night prayer on their floor.
Sat, January 28, 2017	7:00 a.m.	Load the bus with everything for the trip home.
	8:00 a.m.	Each bus will leave the hotel, decide where to go eat breakfast, then be dropped off to site see.
	5:00 p.m.	Leave Washington and go to Mass and eat supper in Petersburg, VA with the Knights of Columbus.

If you would like to bring a group of young people (9th -12th graders) on this trip, from your school or parish please read this packet carefully to understand your responsibilities as the person in charge.

Responsibilities:

- All correspondence to the young people, about the trip will be sent to you to pass on to them.
- Have at least one adult per 8-10 youth to accompany your group on the trip. We would prefer 2 adults.
- You will decide who to take on this trip. (9th – 12th graders)
- All paperwork and money will be turned into the Office of Youth Ministry **AS A GROUP**, no individual payments will be accepted by the Office of Youth Ministry.
- Payments will be made with one check from Parish/School/ Youth Group.
- All deadlines will be met and forms will be in your possession during the trip.
- You will make sure your adults have been background checked, made aware of the Field Trip Policies and what their duties are as a Chaperone.
- All Chaperones must realize they will have to interact with the young people during the trip.

Packet Contains:

- Diocesan Parental and Liability forms, Medical Release forms for youth and adults
- Due date forms
- Group Roster Page
- Rooming List page

Information

Name of Group: _____

City: _____

Name: _____

Email: _____

Email: _____

Facebook: _____

Phone Home: _____ Cell: _____

How many do you expect to bring:

Students: _____ Adults: _____

Turn this in to the Office of Youth Ministry as soon
as possible.

Fax: 228-702-2178

Email: bsargent@biloxidiocese.org

PARENT REQUEST TO PARTICIPATE & MEDICAL RELEASE FORM

Dear Parent or Legal Guardian:

Your son/daughter is eligible to participate in a church/school-sponsored event. This activity will take place under the guidance of _____ from Diocesan Pastoral Center. A brief description of the activity follows:

Name of Event: **March for Life Rally**

Destination: **Washington DC**

Designated Supervisor of Activity: _____

Date and Time of Departure: **January 25 -29, 2017**

Method of Transportation: **Charter Bus**

approximate Cost: **\$350.00**

If you would like your child to participate in this event, please complete, sign, and return the following statements of consent and release of liability. As parent or legal guardian, you remain fully responsible for any legal responsibility that may result from any personal actions taken by the named student.

I hereby consent to participation by my child, _____ In the event described above. I understand that this event will take place away from the church/school grounds and that my child will be under the supervision of the designate chaperons on the stated dates. I further consent to the conditions stated above on participation in this event, including the method of transportation.

Print Parent's Name

Parent's Signature

Date

SWORN TO and subscribed before me on this _____ day of _____ 20 _____

NOTARY PUBLIC
(Seal)

My commission expires: _____

YOUTH

Youth Trips & Other Functions MEDICAL RELEASE AND INFORMATION FORM (Medical Information For Overnight Trips/Retreats Only)

Name of participant _____ DOB _____

Medication presently on (Name and dosage for each)

Allergies (Foods, Medication, etc.):

Any other Medical conditions (asthma, diabetes, seizures etc)

Date of last tetanus shot _____

Parent contact:	Parents Home Phone	Work Phone	Cell Phone
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Contact Person (alternate)	Home Phone	Work Phone	Cell Phone
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I hereby give my permission for my child to be administered medical help in case of an emergency. If you have medical insurance please indicate the following:

Insurance Company: _____ Phone: _____

Policy Name: _____ Policy Number: _____

Family Doctor: _____ Doctor's Phone Number: _____

Parents(s) Guardian(s) signature _____ Date: ____ / ____ / ____

Sworn To and subscribed before me on this _____ day of _____ 20_____

Notary Public (seal)

My commission expires: _____

ADULT
MEDICAL RELEASE AND INFORMATION FORM
(Medical Information For Overnight Trips/Retreats Only)

Name of participant _____ DOB _____

Medication presently on (Name and dosage for each)

Allergies (Foods, Medication, etc.):

Any other Medical conditions (asthma, diabetes, seizures etc)

Date of last tetanus shot _____

Contact Person: (relationship) Home Phone Work Phone Cell Phone

Contact Person (alternate) Home Phone Work Phone Cell Phone

I hereby give my permission to be administered medical help in case of an emergency. If you have medical insurance please indicate the following:

Insurance Company: _____ Phone: _____

Policy Name: _____ Policy Number: _____

Family Doctor: _____ Doctor's Phone Number: _____

signature _____ Date: ___ / ___ / _____

Sworn To and subscribed before me on this _____ day of _____ 20_____

Notary Public (seal)

My commission expires: _____

Rooming List turned in December 16, 2016

Name of group _____

Adult _____

4 people to a room

(remember 4 people to a room) If the room is not filled we may put some one in that room. (we will notify you before any decision is made)

Please Mark each room as **A**= adult and **Y**=youth plus **M**=Male **F**=female
(SAMPLE) A F 1. _____ = Adult Female

1. _____ 6. _____ 11. _____

2. _____ 7. _____ 12. _____

3. _____ 8. _____ 13. _____

4. _____ 9. _____ 14. _____

5. _____ 10. _____ 15. _____

16. _____ 17. _____ 18. _____

Due November 2 , 2016
To the Office of Youth Ministry

**Non-refundable
deposit**

First payment of the nonrefundable \$100.00 deposit per person

Name of School or
Parish Youth Group _____

Person in charge of group _____

Title: ___ teacher ___ Youth Minister ___ clergy ___ other

Home Phone: (____) _____ cell: (____) _____

Work phone: (____) _____ fax: (____) _____

What is the best form of communication with you? _____

Total number registering for the trip _____ X \$350.00 = _____

Minus payment made today _____ ck# _____

Balance of payment _____

Please make checks payable to: *Catholic Diocese of Biloxi*

Signature of adult responsible for group _____

(please keep a copy of this form for your records)

**Due November 30, 2016
In the Office of Youth Ministry
Payment of \$100.00 per person**

2nd Payment

Name of group _____
Person Responsible _____

Balance Forwarded = _____

minus- Payment made today = _____ **ck#** _____

Balance _____ **due**
(please make check payable to *Catholic Diocese of Biloxi*)

Signature of adult responsible for group _____
(Please keep a copy of this form for your records)

Due December 16, 2016 3rd Payment
In the Office of Youth Ministry
Payment of \$100.00 per person
PAPERWORK IS DUE AT THIS TIME
Medical Release/Parental Permission
Adult Medical Forms

Name of group _____
Person Responsible _____

Balance Forwarded = _____

minus- Payment made today = _____ **ck#** _____

Balance _____ **due**
(please make check payable to Catholic Diocese of Biloxi)

Signature of adult responsible for group _____
(Please keep a copy of this form for your records)

December 16, 2016

All Paperwork

(medical release, parental permission and adult med. Forms)

Rooming List for Hotel

Group Roster

**Must be turned into the Office of Youth
Ministry so I can make my deadline to
the Hotel.**

Due January 10, 2017
In the Office of Youth Ministry
Final Payment of \$50.00 per person

**Final
Payment**

Name of Group _____

Person Responsible _____

**Please turn this form in with payment.
Please make you a copy**

Balance forwarded from third payment: _____

Minus payment: _____ ck# _____

Balance= _____

(Please make check payable to *Catholic Diocese of Biloxi*)

Please look for final details of the trip: Check emails, fax, website etc. for final schedule and details of where you will be leaving from, who will be on your bus and a final rooming list .

(Please keep a copy of this form for your records)

Hotel

Marriott

3111 Fairview Park Dr.

Church Falls, VA

703-849-9400

Bus Company

Hotard

Any questions about the trip

bsargent@biloxidiocese.org

228-702-2142 office

228-209-3148 cell for trip