

NET MINISTRIES



2010 - 2011
RETREAT INFORMATION SHEET

Please Print or Type in Black Ink
(one sheet for each retreat)

PARISH/SCHOOL _____ (ARCH) DIOCESE _____

CONTACT PERSON _____ POSITION _____

PARISH/SCHOOL ADDRESS _____

(IF A PO BOX PLEASE PROVIDE STREET ADDRESS FOR UPS DELIVERIES)

CITY _____ ST _____ ZIP _____ EMAIL ADDRESS _____

WORK # (____) _____ EXT. _____ CELL # (____) _____ HOME # (____) _____

CONTACT AT: WORK CELL HOME EMAIL

NAME OF RETREAT FACILITY _____ PHONE # (____) _____

ADDRESS _____ CITY _____ ST _____ ZIP _____

RETREAT INFORMATION

Day of Week:

Mon Tues Wed Thurs Fri Sat Sun Date _____

Start Time _____ End _____

(Retreats can begin no earlier than 8:30 am or end later than 10:00 pm)

Number Attending _____ Grade(s) _____

(If your group is larger than 150 youth, please limit the number who attend your one-day event to less than 150 youth or schedule multiple retreats and divide your group accordingly.)

Dress code for the youth? Yes No

Is this a confirmation class? Yes No

Have these youth attended a NET Retreat before?
 Yes No Year _____

RETREAT THEME

Please check only one:

- Why Faith?
- The Adventure
- Igniting the Flame
- Soul Satisfaction
- Home
- Overnight / Weekend (max. of 80 youth in grades 9-12 only)

GENERAL INFORMATION

Meals will be provided during the retreat:

- Breakfast Time: _____
- Lunch Time: _____
- Dinner/Supper Time: _____
- Snack Time: _____

Other parishes joining you for this retreat? Yes No

If Yes:
Parish _____ City _____

Parish _____ City _____

Parish _____ City _____

SACRAMENTAL INFORMATION

Will the church be available for Prayer Ministry?

- Yes No

Please indicate which sacraments will be a part of the retreat:

Mass Time _____
Location _____

Mass music provided by NET team? Yes No

Reconciliation (At least 1 priest for every 12 youth)
Time _____ How many priests? _____

