***St. Margaret Church***

*Office of Religious Education*

*66-05 79th Place, Middle Village, NY 11379*

[*www.stmargaretmv.com*](http://www.stmargaretmv.com) */ stmargaretre@gmail.com*

October 21, 2017

Dear Parent:

The Confirmation retreat will take place on Tuesday, April 17, 2018 at the Don Bosco Retreat Center,

174 Filors Lane, Stony Point, NY 10980. Ph: 845-947-2200. The students are asked to meet at the school/church entrance by 7 a.m. **The bus will leave promptly and arrive back at St. Margaret approximately 3:30 p.m., depending on traffic. We depart from Don Bosco at 1:30 pm. Cell Phones are permitted, however: NO CAMERAS / PICTURE TAKING allowed. We are not responsible for lost or forgotten items.**

**Please note the following:**

* The bus has a bathroom facility
* Snacks/water/drinks will be provided on the bus to and from the Center
* Some snacks are provided by the Retreat Center upon arrival
* Lunch is included and provided by the Retreat center
* There is a gift shop

**The Retreat Center has set the following terms and conditions:**

* **No I-Pods/Ipads, Ipad mini’s/electronic devices are allowed to be used on the facility**
* **No Gum**
* **They/we are not responsible for lost or misplaced articles**
* **No one is allowed to dispense any medication, including aspirin**
* **Dress comfortably, yet appropriately (nothing revealing; nothing with offensive wording)**

**Please cut off and submit the Slip below. Thank you for your cooperation in this matter, Ms. Joyce**

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I give my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ permission to attend the Confirmation

retreat at Don Bosco Retreat Center, Stony Point, NY, on Tuesday, April 17, 2018. I have read and understand the regulations of the Retreat Center.

***Parent’s Signature***:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***Date:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Phone #***: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IN CASE OF AN EMERGENCY NOTIFY:**

Name of Contact (s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Numbers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_