

Friday 2/6 – Saturday 2/7

Pan-Orthodox Youth Retreat

Restoring Our Vision

Guest Speaker Mary Long

Director of the Office of Vocation & Ministry at
Hellenic College

St. Mary Orthodox Church

909 Shawan

Hunt Valley, MD 21030



Join us for a weekend of fun and fellowship as we learn more about our faith. Highlights of the weekend include campfire and a service project for the elderly!

Cost per teen is \$35– See your youth director for a registration form.

Deadline for registration is February 1.

Retreat begins Friday at 6pm and will end with Vespers and dinner on Saturday.

Questions or to volunteer please contact:

Sylvia Tsakalos: amiral079@yahoo.com 410-252-8495

or

Zach O'Dell: zachodell@gmail.com 443-995-5108



BALTIMORE ORTHODOX TEEN RETREAT

Registration Form

February 6-7, 2009

Deadline for registration is Sunday, February 1

St. Mary Orthodox Church
909 Shawan Road
Hunt Valley, Maryland 21030
Phone: 410-785-0909

Registration fee: **\$35**

Contact:

Zach O'Dell 443.995.5108; zachodell@gmail.com
Sylvia Tsakalos 281.772.8977; amira1079@yahoo.com

Participant Information:

Name: _____

Home Address: _____

Home Phone: _____ Date of Birth: _____ Age: _____

Email address:
parent's _____ participant's _____

Saint's name (if any) _____

Parish/Parish
Address: _____

Note: Please leave all IPOD's, personal CD/Radio players, portable video games, etc. at home. Do bring a sleeping bag, blanket and pillow, toiletries, a towel, camping blanket or stool (for seating during campfire), warm sweatshirt or fleece, any required medications, a Bible, a notebook, and a pen.

Primary Physician:

Name: _____

Phone: _____

Health Insurance Carrier:

Name: _____

Phone: _____

Group Number: _____

Policy Number: _____

Allergies/Pre-existing Medical Conditions (if any): _____

Guardian Permission/Release:

I am the parent or legal guardian of _____, the participant named above. I hereby release the Antiochian Orthodox Church and St. Mary's Orthodox Church, its agents and employees from any and all liability for all personal injuries the participant named above may incur due to participation in activities conducted, sponsored, or associated with the event named above.

In the event of an emergency I, or my spouse, may be reached at the following telephone numbers:

() _____

() _____

Also, in the event that I cannot be reached in the case of emergency, I do hereby authorize a physician selected by the coordinator of this event to administer emergency treatment including medications, diagnostic tests, surgery or other medical intervention deemed necessary by the physician.

Either I or another authorized adult (Name : _____) will be responsible for picking up the above named participant at the end of the retreat.

Parents are invited to join us for Vespers at 5:00 PM and dinner at 6:00 PM. Please circle the appropriate response:

>We will/ will not attend dinner on Saturday evening. Number of adults _____

>My child will/ will not attend dinner on Saturday evening.

Signature of Parent or Legal Guardian:

_____ Date: _____

Checks made payable to:
St. Mary Orthodox Church
Note "Teen Retreat"

Participants must be picked up by 7:00 P.M. on Saturday.