

St. Bartholomew Men's Ministry 25th Annual Retreat
St. Meinrad Archabbey

“All You Holy Men and Women - Saints as Inspiration for Us”

Dates: Friday, February 28, 2020 – Sunday, March 1, 2020

Times: Depart 2:30 PM, Friday – Return (Arrive Columbus) 4:00 PM, Sunday
Driving time to St. Meinrad is 2 ½ hours. St. Meinrad is on Central Standard Time.

Registration Deadline: Friday, February 14, 2020

Cost: \$215 (Scholarships are available. Contact the Adult Faith Formation Office for more information. Cost for a single room: \$260)

Please make checks payable to: St. Bartholomew Parish

Forms and payments can be placed in the collection basket, mailed, or dropped off to the Adult Faith Formation Office:

St. Bartholomew Adult Faith Formation Office
1306 27th Street
Columbus, IN 47201

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (home) _____ (work/cell) _____

E-mail address: _____

Roommate preference (if any): _____

Are you interested in carpooling to the retreat? Yes _____ No _____

If yes, are you willing to drive? Yes _____ No _____

How many, including you, can you take? _____

Would you like to pre-read the book “Rediscover the Saints”? Yes ___ No ___

Do we have your permission to share info below with other participants?(Yes/No)___

Name of Spouse / Friend: _____ Years in Columbus: _____

Names of Children: _____ Hobbies/Interest: _____

Note: Please complete the Consent Form / Liability Waiver on the reverse side.
Drivers for carpooling will need to complete an additional Form for the Parish.

St. Bartholomew Catholic Parish Consent Form/Liability Waiver

Participant's Name: _____

Birth Date: ___/___/___ Age: ___

Address: _____
(City) (State) (Zip)

Home Phone: _____ Business Phone: _____

In the event of an emergency, please contact:

Name/Relationship: _____ Phone: _____

I agree to participate in (activity) _____ on (date of activity) ___/___/___ sponsored by the St. Bartholomew Adult Faith Formation Offices (1306 27th St., Columbus, IN. 47201).

In the event of an emergency, I consent to any X-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care, to be rendered under the general or special supervision and on the advice of any licensed physician or licensed dentist on the medical staff of a licensed hospital, whether such diagnosis or treatment rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered pursuant to this authorization.

Should it be necessary to return home due to medical reasons or otherwise, I shall assume responsibility for transportation and/or incurred transportation costs.

I also agree to ride in any vehicle designated by the coordinating adult while attending and participating in activities sponsored by the St. Bartholomew Parish Adult Faith Formation Offices. I will not hold the St. Bartholomew Parish, Pastoral Associate, or volunteers associated with the event responsible in the event of injury.

Insurance Company: _____

Policy Number: _____

Signature: _____ Date: ___/___/___

Please list any medications that you are currently taking; allergies and/or special medical problems you may have:

