

2020
DIOCESE OF MANCHESTER



June 29-July 2, 2020

Magdalen College of
the Liberal Arts:
Warner, NH

Young Women
Ages 14-18
Cost: \$50
(financial aid available)

For more information or to
register, please visit:

liveinblackandwhite.com

Fr. Matthew J. Mason
Diocese of Manchester
Director of Vocations
603-663-0196
mmason@rcbm.org



Do you want to say “yes” to God’s plan for your life? You are invited to attend the first annual Fiat Days camp to spend time with other young women your age looking at the Lord’s call in your life while having lots of fun. Fiat Days is an overnight camp led by the vocations team of the diocese and the Daughters of Mary Mother of Healing Love of Rochester, NH. It includes a full schedule of hiking, swimming, canoeing, sports and games, daily Mass and prayer, and opportunities to grow in friendship with the Lord and with each other.



2020 Fiat Days Camp Registration Due June 15

Please return this form to the Vocations Office, Diocese of Manchester, 153 Ash St., Manchester, NH 03104. Please include a check for \$50 made out to "Roman Catholic Bishop of Manchester" (financial aid is available). Space is limited!

Personal Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____ *City* *State* *ZIP Code*

Home Phone: _____ Alternate Phone: _____

Email: _____ T-Shirt Size: _____

Birth Date: _____ Grade Level in September: _____

School: _____ Parish: _____

Rooms will be assigned by age. If there is a need to room with someone in particular, please write her name and the reason for the need. We will do our best to accommodate:

Parental Permission and Emergency Contact

I _____ hereby give "My Child" _____ permission to
(parent/guardian name) *(child name)*
 participate in the 2020 Fiat Days at Magdalen College of the Liberal Arts in Warner, NH (the "Activity"). I certify that My Child is physically fit and capable of taking part in the Activity. I give permission for My Child to receive any emergency medical treatment deemed necessary until the Emergency contact(s) can be notified, and I agree I will assume full responsibility for the payment of such treatment.

Emergency Contact _____ Phone _____

On the lines below, I have listed any medical condition, physical disability, and medical, food, insect, and other allergy that may be relevant to rendering medical care. Any medication taken during the Activity must be provided in its original container.

I understand that photographs and videos of My Child may be taken, and I authorize them to be used for publicity.

I understand that staff will use their best efforts to supervise the Activity; however, I agree and acknowledge that the Roman Catholic Bishop of Manchester, a Corporation Sole d/b/a the Diocese of Manchester and its respective directors, officers, trustees, employees, and volunteers shall not be responsible for bodily injury or loss of or damage to personal property that may result from the Activity.

Parent/Guardian Signature _____ Date _____