



**THIS IS YOUR CATHOLIC FAITH!**

**For Middle School Teens**

**Everything you wanted to know  
that no one ever told you!**

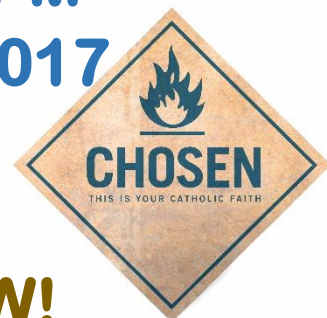
**Tuesday Nights 7:30 PM to 8:30 PM**

**September 12<sup>th</sup> to October 17<sup>th</sup>, 2017**

**Parish Library**

**High School Leaders needed**

**Don't miss the fun! Sign up NOW!**



For more information, contact Maria Richardson, Director of Family Faith Formation and Parish Services at [marichar@comcast.net](mailto:marichar@comcast.net) 215-721-0199 X217



**ST. MARIA GORETTI PARISH**  
**HATFIELD, PENNSYLVANIA**



**Part 2 For Middle School Teens**



**CHOSEN**  
 THIS IS YOUR CATHOLIC FAITH

**September 12<sup>th</sup> - October 17<sup>th</sup>, 2017 7:30 P.M. until 8:30 P.M.**

**COST \$20 FOR RETURN TEENS WITH A BOOK!**

**\$40.00 NEW TEENS. SCHOLARSHIPS AVAILABLE IF NEEDED.**

**REGISTRATION PRIOR TO SEPTEMBER 1<sup>ST</sup> !**

**REGISTRATION AND PARENTAL PERMISSION FORM**

Name First: \_\_\_\_\_ Last: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ E-mail \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_ Parish: \_\_\_\_\_ School: \_\_\_\_\_

**This form must be completed and submitted prior to the event for registration.**

I grant my permission for my child, \_\_\_\_\_, to participate in "Chosen" on Tuesday evenings from 7:30 PM to 8:30 P.M. at St. Maria Goretti Parish, 1601 Derstine Rd., Hatfield, PA 19440.

**Teens should arrive between 7:15 PM and 7:30 PM and will be dismissed at 8:30 PM.**

**No one may leave early without parental permission.** Eating a good dinner prior to arrival is recommended.

**If I cannot be reached in the event of an emergency, the following person is authorized to act on my behalf:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Relation to participant: \_\_\_\_\_

Participant's physician: \_\_\_\_\_ Phone number: \_\_\_\_\_

Health Insurance Type: \_\_\_\_\_ Policy Number: \_\_\_\_\_ Please

list any conditions, e.g. allergies, or other medical problems which should be called to the attention of chaperones:

\_\_\_\_\_. *No medication of any kind will be*

*provided. Please be sure that your child has with them anything necessary for medical reasons and list it here:*

Knowing that there will be proper supervision, in case of injury, I will not hold St. Maria Goretti Parish, the Archdiocese of Philadelphia or any person or persons connected with them liable. My signature below also gives the Archdiocese permission to use pictures / video from the event in which my child may appear for promotions.

Parent/Guardian Name (PRINT) \_\_\_\_\_ Phone: \_\_\_\_\_

SIGNED: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

*(Parent or Guardian)*

**Make check payable to St. Maria Goretti Parish with YM in the memo section.**

**Send completed form and payment to**

Maria Richardson, Director of Family Faith Formation  
 St. Maria Goretti Parish 1601 Derstine Rd., Hatfield, PA 19440  
 Phone: 215-721-0199 EXT 217 Fax: 215-721-4320

