



**Through powerful cinematography and workbook resources, teens will come to see the Mass and the priesthood in a dramatically new way. *Altaration* is designed to stir thought, create conversation, dispel myths, and inspire young souls to a deep and lasting love for the Mass. The goal of *Altaration* is not to fill teens' heads with information but to pierce their hearts with transformation.**

**Tuesday Nights 7:30 PM to 8:30 PM  
January 21<sup>st</sup> to February 26, 2020**



**Parish Library  
For Middle School  
High School Teen Leaders Needed  
Don't miss the fun!**

**For more information, contact  
Maria Richardson**



**Director of Religious Education, Family Faith Formation and Parish  
Services at [marichar@comcast.net](mailto:marichar@comcast.net) 215-721-0199 X217**



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



**Altaration FOR Teens**  
**JANUARY 21 TO FEBRUARY 26, 2020 -7:30 P.M. until 8:30 P.M.**

**COST IS \$25.00**

**SCHOLARSHIPS AVAILABLE IF NEEDED.**

**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 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 Religious Education, Family Faith Formation, and Parish Services

St. Maria Goretti Parish 1601 Derstine Rd., Hatfield, PA 19440

Phone: 215-721-6559 Fax: 215-721-4320