

**Event:** LIVING WORD - 2010 CONFIRMATION RETREAT  
**Dates:** Friday, January 29 – Saturday, January 30  
Drop off kids at Living Word, 6:30 p.m. on Friday; pick up at 5:00 p.m. Saturday  
**Cost:** \$50.00 Total cost of Confirmation – includes overnight lodging and two meals; Confirmation materials, student brunch meal and bible  
**Location:** Living Word UMC; Cathedral Basilica St. Louis and the St. Louis Planetarium  
LW Bus will be transporting students on Saturday.

**What to bring:** Sleeping bag, pillow, toiletries, comfortable clothes, Bible, Pen, a snack to share!

**RSVP:** No later than Sunday, January 10!

Please note that failure to return the RSVP form and fees by the deadline will result in your youth not being able to attend the event. This policy allows us to do proper event planning and avoids additional costs. Your assistance with this is greatly appreciated.

All off campus activities require an updated Health Permission form. Health forms can be found at [www.lwyouth.org](http://www.lwyouth.org).

Please keep this page and post on your refrigerator as an important reminder of this upcoming event. If you have any questions, don't hesitate to call Adam Mustoe at 636-821-2800.

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**Please return this portion with payment to Adam Mustoe on or before January 10 along with your check in the amount of \$50 payable to Living Word UMC. Thank You!!!**

My son/daughter \_\_\_\_\_ has my permission to attend the Living Word Confirmation Retreat, January 29 – 30.

I understand that all reasonable safety precautions will be taken at all times by the church during the events and activities, as per our Good Shepherd policy. I agree not to hold the church leaders, employees, and volunteer staff liable for damages, losses, illness, or injuries incurred.

I am attaching the required fees per child for the event listed. I understand that failure to return the signed form and the fees required by January 10 will result in my child being unable to attend the event. If this occurs, money will be returned.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print parent name please: \_\_\_\_\_

Emergency contact number: \_\_\_\_\_ cell