



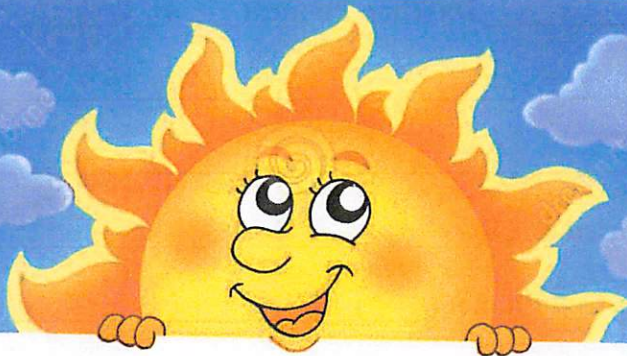
Calling All Youth

FREE ADMISSION

TOTUS TUUS



Totally Yours



Entering Grades 1st through 6th
Monday-Friday
July 8-12

Holy Family Community Center
9:00 am to 2:30 pm
Lunch, Snacks & Drinks Provided

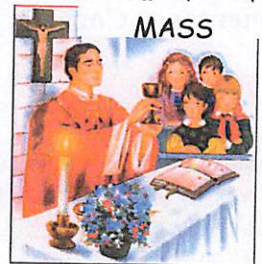
Entering Grades 7th through 12th
Sunday-Thursday
July 7-11

Holy Family Community Center
7:00 pm to 9:00 pm
Snacks & Drinks Provided

Wednesday July 11 at 6:15 PM
ICE CREAM SOCIAL
Come to Holy Family Community Center
ALL ARE INVITED



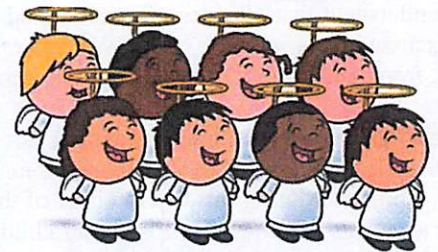
PRAYER



MASS



SONGS



SKITS



WATER
FUN



GAMES

AND LOTS MORE!!

SEE REVERSE FOR A REGISTRATION FORM

FOR MORE INFORMATION CALL

CHERYL MOE AT 610-7158 OR send an email to:

cam3266@yahoo.com

REGISTRATION FORM

Name of Participant: _____

Father/Guardian: _____ Daytime Phone: (____) _____

Mother/Guardian: _____ Daytime Phone: (____) _____

Address: _____

E-Mail Address: _____

Sex: _____ Grade Entering: _____ Parish & City: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Emergency Contact: _____ Phone (____) _____

RELEASE / REQUEST FORM – STANDARD ACTIVITY

Because we believe this event will benefit our child both educationally and spiritually, we request that the above named student be allowed to participate in **TOTUS TUUS** with Holy Family Parish (hereafter the "Organization") on the following dates **July 8-12 for children 1st through 6th grade and July 7-11 for grades 7th through 12th.**

I understand that all rules of conduct and standards of behavior, as deemed by the Organization will apply to this trip and we have discussed these with our child. We further understand that we must assume all responsibility and liability for our child while traveling to, from, and during this trip. With this knowledge, we freely assume this responsibility and liability.

I also understand that transportation is not provided for this event. Therefore, I understand some that participants may be traveling by privately owned vehicles which may or may not be covered by insurance. With this knowledge, I hereby consent to my child traveling to, from, and during this trip to either of these manners. I further understand that the Organization is not responsible for any damages or accidents that may result from our child's action or the actions of others. To the greatest extent possible, I release the Organization and the Diocese of Springfield in Illinois, and all those acting on their behalf, from all liability for damages to or caused by my child as a result of this trip and we agree to indemnify them for any such damages.

Does this participant have any allergies or other medical conditions that might affect this person's ability to fully participate in the Totus Tuus program? Yes No. If yes, please describe. _____

If your son/daughter is taking medication and will bring all medication with him/her in the original prescription container with the label still attached. Direction for taking the medication, including frequency, dosage, and storage are as follows _____

I hereby also give consent for our child to receive emergency medical care during this trip. We hereby also give our consent for photographs of our child to be taken and released.

Signature of parent/guardian: _____ Date: _____

**Please mail the registration form to Cheryl Moe, 3266 Kilarney Drive, Granite City IL 62040
Thank you and God Bless!**