



steubenville north 2010

**CATHOLIC YOUTH CONFERENCE
JULY 16-18, 2010**

ROCHESTER, MINNESOTA

**2000 teens
one weekend
one god
one life-changing experience**

COST \$215.00

IF YOU REGISTER BY MARCH 15

(\$245.00 IF YOU REGISTER AFTER MARCH 15)

COVERS TRANSPORTATION, FOOD, HOTEL, T-SHIRT AND CONFERENCE FEES

registration and deposit are due on

may 1, 2010

SPACE IS LIMITED, SO REGISTER NOW!

FOR MORE INFORMATION, PLEASE CONTACT ANNIE FOCHTMAN,

COORDINATOR OF YOUTH MINISTRY & CONFIRMATION

651.351.3175

AFOCHTMAN@SCVFF.NET



STeubenville 2010

WHAT PARENTS SHOULD KNOW

Greetings and peace in Christ. St. Croix Valley Faith Formation is looking forward to many exciting new programs and opportunities for your teen to grow in faith and love of Christ and His Church.

This summer we will be attending our groups' 4th Steubenville High School Youth Conference at the Mayo Civic Center in Rochester. Thousands of Catholic youth will come from all corners of the nation...and world...to be a part of an incredible event we have right in our own backyard! The Steubenville conferences are weekend-long conference that have been held all over the country for the last thirty years and attended by thousands of Catholic teens. They combine inspiring talks, incredible music, praise and worship, time for prayer and fellowship with thousands of teens, entertainment, and anointed liturgies. Last year our group had an incredible experience. Having attended 8 conferences myself, both as a teen and as an adult, I can say that Steubenville is a beautiful synthesis of fun, fellowship, and deepening conversion to the truth of the gospel. My experience was simply put, life-altering and I am tremendously excited to bring a group of teens from the Valley this upcoming summer once again.

Our "pilgrimage" will be **July 16-18**. Departing Stillwater in the afternoon on Friday, July 17 we will travel to the Rochester where we will join over 2000 other Catholic teens. After three amazing days at the conference, we will return on the evening of Sunday, July 19. **The total cost of the trip will be \$245 (\$215 for early registration) which covers all conference fees, food, hotels, and a t-shirt.** Space is *very limited* so we will be accepting registrations on a 'first come, first serve' basis. **All registrations must be received by May 1, 2010.**

This is a tremendously exciting opportunity for our young people to experience and embrace the Catholic faith, and we cannot be successful without the support of our parents. You as parents are invited to join us as chaperones if you feel so called. Your presence and witness is invaluable to the formation of your teen's faith. If you are interested in joining us please indicate such on your teen's registration form. Please prayerfully consider how you would like to participate in this amazing formation opportunity.

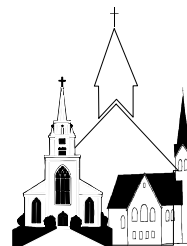
If you have any questions or concerns, please do not hesitate to contact me at any time either by email or phone. You can also check out more specific conference details at: www.partnershipforyouth.org.

May God bless you and your family.

Blessings,

Annie Fochtman

Coordinator of Youth Ministry & Confirmation
St. Croix Valley Faith Formation
651.379.1273
afochtman@scvff.org



ST. CROIX VALLEY FAITH FORMATION

*Serving the Catholic Churches of
Saint Charles, Saint Mary and Saint Michael*

STEUBENVILLE 2010 PARTICIPANT REGISTRATION

Participant Name

(first and last) _____

Preferred Name/Nickname _____

Grade (Fall '07) _____ School _____

T-shirt size(adult) _____ Parish _____

Email _____

PARENTS, WE NEED ADULT CHAPERONES!

As a chaperone you would:

- Be asked to help maintain order and safety of the teens
- Be a positive adult role model
- Share your faith with young people by word and action

*****Each adult chaperone is asked to pay \$100 to help offset the cost of the conference itself if at all possible.***

I would like to be an adult chaperone _____

Parent Name _____

Home Phone _____ Cell Phone _____

Work Phone _____ Email _____

What is the best way to contact you during the day? (Circle one) email cell phone home phone work phone

Please send this form along with a check payable to 'SCVFF'(including) all applicable adult chaperone fees to:

Annie Fochtman
SCVFF
218 Willard St. E.
Stillwater, MN 55082

****Please fill out the information on the back of this sheet****

Steubenville Pilgrimage 2010
PARENTAL CONSENT FORM & INDEMNITY AGREEMENT

Student/Participant Name _____

Date of Birth _____ Sex _____

Parent/Guardian Name _____

Home Address _____ City _____ State _____ ZIP _____

Primary Phone _____ Cell Phone _____

Date of Event: **July 16-18, 2009**

Type of Event: **Steubenville Catholic Youth Conference**

Destinations: **Mayo Civic Center (Rochester, MN)**

Individual(s)/Teacher(s) in Charge: **Annie Fochtman**

Estimated Time of Departure: **July 16 @ 11:00 am** Return: **July 18 @ 5:30 pm**

Mode of Transportation To & From Event: **Bus or Carpool**

Student Cost: **\$240.00**

I, _____, grant permission for _____
Parent or Guardian Name Child Name

to participate in the above named activity and I warrant that my child is in good health. In consideration of my child's participation, I agree to indemnify St. Croix Valley Faith Formation, St. Charles', St. Mary's, St. Michael's, and the Archdiocese of St. Paul & Minneapolis from any claims or law suits brought against St. Croix Valley Faith Formation, St. Charles', St. Mary's, St. Michael's /Archdiocese of St. Paul & Minneapolis by myself, my child or others, that arises out of any behavior by my child at the event/activity described above. I also agree to pay reasonable attorney's fees or expenses incurred by the parish/school and the Archdiocese in defense of such a claim/suit. I give SCVFF to use photographs of my child in later promotional materials such as: brochures, SCVFF website, etc. (The name of your child will not be listed.)

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I give permission to transport my child to a hospital for medical treatment. I wish to be advised prior to any further treatment by a doctor or hospital. In the event of any emergency, if you are unable to reach me at the above numbers, contact

Name

Phone Number

OPTIONAL MEDICAL INFORMATION:

Medication my child is taking at present _____

Allergies _____

Other Medical Conditions _____

Family Health Plan carrier number _____

Family Doctor _____ Phone Number _____

As Parent or Guardian, I agree to all of the above stated considerations and conditions.

Signature

Date