



Jubilee Year of Hope: Youth Retreat Registration

Deadline for registration: **July 18th, 2025**

Dates and Venues

Please select which retreat you are registering for.

- ☐ **High Level – July 28, 2025**
 - *Our Lady of Good Counsel Church: 10305 109 Ave, High Level, AB T0H 1Z0*
- ☐ **Peace River – July 29, 2025**
 - *Our Lady of Peace Parish: 10405 99 St, Peace River, AB T8S 1K1*
- ☐ **Slave Lake – July 30, 2025**
 - *St. Peter Celestin Parish: 202 6 Ave NE, Slave Lake, AB T0G 2A2*

Time for All Locations

- Arrival: 8:45AM – 9:10 AM
- Closing Mass: 4:00 PM
- Retreat Begins: 9:15 AM
- Departure: Immediately after Mass

Youth Participants (Retreat is catered to Grades 3-7)

First & Last Name		First & Last Name	
Age		Age	
Grade		Grade	
AB Health Card		AB Health Card	
Allergies/ Medical		Allergies/ Medical	

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Age		Age	
Grade		Grade	
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Allergies/ Medical		Allergies/ Medical	

Registration Fee

Please select a registration fee below (1 child or family rate). This will help cover food, supplies and ensures commitment.

- ☐ \$10 (1 youth registered)
- ☐ \$15 (2+ youth registered)

E-Transfer: etransfer.agm@outlook.com with memo noting Jubilee of Hope Youth Day

Credit Card: Please visit archgm.ca/donations/ and complete the online form, or call (780) 532-9766.

Cheque: Payable to the Archdiocese of Grouard-McLennan with memo stating Jubilee of Hope Youth Day – can be dropped off or mailed to *Chancery Office, 10301 102 St, Grande Prairie, AB T8V 2W2*



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Parent/Guardian Contact Information

Primary Contact

First & Last Name	
Relationship to child	
Phone	
Email	

Secondary Contact

First & Last Name	
Relationship to child	
Phone	
Email	

Consent and Acknowledgement

I consent on behalf of the registered individual named above to give the Archdiocese of Grouard-McLennan, its representatives, and employees the right to take photographs or video footage of the registered individual(s) and their property in connection with any Jubilee of Hope Youth Retreat.

I understand and consent that the pictures and video footage may be used for promotion and publication by the archdiocese.

Signature of Parent/Guardian:

I give permission to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. The emergency transportation service will determine the facility where my child will be transported.

Signature of Parent/Guardian:



Information for Volunteers

Are you interested in volunteering for the Youth Retreat in your area?

We would be happy to have you. For more information about volunteer requirements, please contact your local coordinator or Thomas @ (780) 219-6085

Volunteer Name	
Phone	
Email	

☐

Criminal Record Check with Vulnerable Sector submitted

☐

Child/Crisis Intervention Check submitted

Volunteer Name	
Phone	
Email	

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