

Join other teens from across the Prairie Provinces who are hungry to be holy Catholic witnesses in today's world.

You will grow in knowledge of Christ and His Church and be empowered to share your faith with others. The week is packed with **praise and worship, excellent talks, daily mass, reconciliation, adoration, silence, fun and fellowship.**



It will be held at St. Therese School of Faith and Mission, Bruno, Saskatchewan just off of highway #5, 34km west of Humboldt and 93km east of Saskatoon. Registration begins Monday, August 16th from 12-1 pm and the camp ends with ROCK the MOUNT on Saturday, August 21st at Mt. Carmel, Sask.

**Ignite your faith
Ignite your world**



Catholic Teens
**Ignite your faith
Ignite your world**



August 16th to 21st
www.facetofaceretreats.com

Teens **serious** about growing in **holiness** and entering grade 9 this September 2010, to those just graduated from grade 12. Adults are also welcome to attend. Please contact the Camp Director for more information.

The cost of Ignite 2010 is \$260 which includes a t-shirt, food and lodging for the week; transportation to **Rock the Mount 2010** plus your lunch and supper while there.



BE SURE TO BRING:

- Sleeping bag and pillow
- Clothing for indoors and out
- Personal hygiene items
- Sunscreen and lawn chair
- Towel, washcloth, soap
- Bible, journal and pen
- Labelled dishes and cutlery

LEAVE BEHIND:

- Cell phones
- Discmans, MP3 players, iPods, etc...
- Drugs, alcohol or tobacco (Prescription drugs must be checked in with camp nurse)

HOW TO REGISTER:

- Have your parent or legal guardian sign the registration and medical release form.
- Enclose the \$260 registration fee with your completed registration form and mail it in to the address below. (\$50 of the fee is non-refundable) Post dated cheques up to July 31st, 2010 are welcome.
- Checks can be made payable to Face to Face Ministries.
- You will receive a confirmation letter upon receipt of your registration.
- Registration deadline is June 30th, 2010.
- Registration fee after June 30th, \$290.

MAIL REGISTRATION FORMS TO:

Face to Face Ministries
 Ignite Camp
 Box 39089
 Saskatoon, SK S7V 0A9

For questions and inquiries contact Camp Director:

Shelan Schnell
 shelanms@hotmail.com
 306.924.1534 or 306.529.4623



IGNITE 2008 FACE TO FACE CAMP REGISTRATION FORM

NAME: _____

ADDRESS: _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

PH: _____ GENDER: (M OR F) _____ BIRTH DATE: _____

EMAIL: _____ PARISH: _____

PARENT OR GUARDIAN NAME: _____

AS A PARTICIPANT, I AGREE TO OBEY THE GUIDELINES AND RULES SET UP BY THE ORGANIZERS.

PARTICIPANT'S SIGNATURE _____ DATE _____

YOUR T-SHIRT SIZE(CHECK ONE) XS S M L XL 2X

CONSENT AND RELEASE FORM

I THE LAWFUL PARENT OR GUARDIAN OF _____ GIVES PERMISSION FOR MY CHILD TO PARTICIPATE IN IGNITE 2010 FACE TO FACE CAMP HELD AT ST. THERESE SCHOOL OF FAITH AND MISSION IN BRUNO, SK FROM AUGUST 16th-21st, 2010. I DO HEREBY GIVE PERMISSION FOR HIM/HER TO BE EVALUATED, DIAGNOSED, TREATED AND/OR GIVEN MEDICATION IN ACCORDANCE WITH STANDARD MEDICAL PRACTICE BY LICENSED PERSONNEL, WITH UNDERSTANDING THAT ATTEMPTS TO CONTACT ME (IF NECESSARY) WILL BE MADE. I DO HEREBY RELEASE AND FOREVER DISCHARGE THE ORGANIZERS FROM ALL MANNERS OF ACTIONS, CLAIMS AND DEMANDS OF EVERY KIND, WHICH I OR THE PARTICIPANT NAMED ABOVE, SHALL OR MAY HAVE FOR, AND REASON ARISING FROM THE WEEKEND. I UNDERSTAND MY CHILD'S PHOTO MAY BE TAKEN FOR USE IN PROMOTIONAL MATERIAL AND I WAIVE THE RIGHT TO INSPECT OR APPROVE THE PHOTO IF USED FOR SUCH PURPOSES.

I have carefully read these statements, and my signature acknowledges that I fully understand the consent and meaning of these statements.

SIGNATURE OF PARENT OR GUARDIAN _____ DATE _____

EMERGENCY CONTACT INFORMATION:

NAME: _____ RELATION TO CAMPER: _____

HOME PHONE : _____ WORK PHONE: _____

2ND CONTACT: _____ PHONE: _____

PLEASE ATTACH THE FOLLOWING INFORMATION TO THIS FORM:

NAME, HOSPITALIZATION NUMBER, ALLERGIES, MEDICATIONS, MEDICAL CONDITIONS(EPILEPSY, DIABETES, ETC...), FAMILY DOCTOR, PHONE NUMBER.
PLEASE NOTE: MEDICATIONS MUST BE GIVEN TO THE CAMP NURSE UPON ARRIVAL FOR SAFEKEEPING. MEDICINE MUST BE CLEARLY LABELED, INDICATING DRUG NAME, DIRECTIONS FOR USE AND CAMPER'S NAME.

PAYMENT OPTIONS

CHEQUE
 MONTHLY PAYMENTS (PLEASE INCLUDE A VOID CHEQUE)
 \$ _____ / MONTH UNTIL PAID IN FULL.

I HEREBY AUTHORIZE FACE TO FACE MINISTRIES TO ARRANGE AUTOMATIC DEDUCTIONS FROM MY BANK ACCOUNT OR CREDIT CARD ON THE :
 1st OR THE 16th OF EACH MONTH COMMENCING _____ (MONTH)

SIGNED _____ DATE _____

SIGNATURE _____

CREDIT CARD VISA MASTERCARD

AMOUNT: \$ _____ CARD #: _____ EXPIRY DATE: _____

