



15th Annual NJ Catholic Youth Rally At Six Flags Great Adventure

Sunday May 16, 2010

9am - 9 :30pm Rain or shine



- 9am Depart from Back Parking Lot of St T's
- 10:30am Arrive, Park Opens
- Noon – 4 pm All you can eat buffet
- 5:30 pm Pre Liturgy music gathering
- 6 pm Liturgy with over 4000 youth from the State
- 8:00pm Gather in Park to leave

- ** All Teens will check in with Rich at 1pm and 5:30pm , and 8pm
- ** All Teens MUST travel in groups of no more then 3 during the day



Cost : \$ 50 per ticket
Includes bus transportation



*Attendees will receive a Free return ticket to be used during the 2010 season.

Making this a Two for One deal!

*Price includes All you can eat buffet four hour meal pass

*Price includes Wild Safari pass.

*Price includes free parking pass

*Price includes a free rally button for the first 300 guests,

*Meal only tickets for season pass holders are available for \$25 each.



NJ STATE YOUTH RALLY Permission/ Release From

Participant's Name _____ Age _____

Address _____ Phone _____

City _____ Date of Birth _____ Grade _____

School _____ Email : _____ @ _____

Does your son/ daughter have any medical problems, allergies, FOOD ALLERGIES that we should know about ?
Yes _____ No _____ If yes, please explain.

Is your son/ daughter on any medication? Yes _____ No _____
If yes, please describe the kind of medication, dosage, frequency and administration by whom authorized.

Emergency Contact:

Name _____ Phone _____

Address _____ Relation _____

I give permission for my child to participate in the NJ STATE YOUTH RALLY at Great Adventure on Sunday May 16th, 2010 I hereby waive and release any and all rights and claims for damages which I may have against St. Theresa's Parish, and all of their agents, servants, and employees, for any injury my child may incur while taking part in your program. This release also encompasses any injuries which may be sustained while traveling to and from participation in the program. As a parent I understand that it is my responsibility to pick my child at the predetermined time. I also understand that if my child becomes ill or destructive I will be contacted, and if I cannot be reached the above "Emergency Contact" will be called to take my child home.

****Parent/ Guardian Signature**

Date

I hereby waive any and all rights and claims for damages which I may have against St. Theresa's Parish, and their agents, servants, and employees, for any and all injuries which I may incur while taking part in your program. This release also encompasses any injuries which may be sustained while traveling to and from participation in the program. I also understand that if I become destructive or ill my parents and/ or the above "Emergency Contact" will be called to take me home.

****Signature of Youth Participant**

Date

Don't forget to return with your \$50.00 payment made payable to "St. Theresa's"