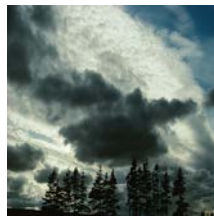

WHAT DOES IT LOOK LIKE TO SEE & DETECT GOD....
IN THE HIGH & LOW PLACES
THE CHASMS AND CLOSENESS IN RELATIONSHIPS,
BETWEEN SOUL, MIND AND BODY
IN GAPS BETWEEN ECONOMIC AND CULTURAL DISPARITY?
CAN WE FIND:

.THE SACRED SPACE.



A 24HR CONFIRMATION RETREAT
SEATTLE

STAY THE UW ELCA CAMPUS HOUSE.
LEARN/SERVE AT COMPASS HOUSING ALLIANCE
VISIT SACRED PLACES IN SEATTLE:
CREATE COLLAGES OF THESE SPACES
GROW IN AWARENESS. DEPTH. COMMUNITY.

TIME FRAME:

MEET AT GLORIA DEI AT 5PM ON FRIDAY FOR DEPARTURE.
WE WILL RETURN TO GLORIA DEI AT 5PM ON SATURDAY.

COST:

PLEASE BRING MONEY FOR FRIDAY DINNER, SATURDAY BREAKFAST, SATURDAY LUNCH.
ESTIMATE IS \$30-40.

PLEASE BRING:

PILLOW
SLEEPING BAG
SLEEPING PAD
CLOTHES FOR AN OVERNIGHT
BACKPACK
TOILETRY ITEMS (TOOTH BRUSH ETC.)
RAIN COAT
JACKET/FLEECE
WALKING SHOES
BIBLE
SNACKS/BEVERAGES TO SHARE

YOU MAY BRING

CARD/BOARD GAMES
CAMERA

PLEASE LEAVE BEHIND:

IPOD/CELL PHONES/ELECTRONIC GAMES

A MORE DETAILED SCHEDULE WILL BE MADE AVAILABLE UPON ARRIVAL OF RETREAT.

QUESTIONS: CONTACT PASTOR.MATTHEW.MAAS@GMAIL.COM

+ SACRED SPACE + CONFIRMATION RETREAT

STATEMENT:

I, the undersigned, state that I am the parent or guardian of _____ and that he/she has my permission to participate in the Confirmation Retreat sponsored by **Gloria Dei Lutheran Church**. I do hereby grant to **Gloria Dei Lutheran Church** adult leaders full power and authority to engage, employ and dismiss any Physicians, Nurses, Hospitals, or Clinics to apply medical attention and care to the aforementioned youth; authorize any special medical care and attention the leader deems in his/her sole discretion to be advisable and proper for the dates February 10th—11th, 2012. I the undersigned further state that I do hereby grant to the *adult leaders* full power and authority to control and discipline the aforementioned child/teen, but that such authority shall not extend to or include any form of physical corporal punishment to said youth. Our youth behavior covenant will be in effect for this event. I expressly waive any and all claims against the **Gloria Dei Lutheran Church** and/or any of its Councils and its leaders and representatives, because of illness, injury, or damage to the person or property of the aforementioned child/teen in connection with said activity. In the event of emergency, I may be reached at the following numbers:

Youth Participant Name: _____

(Signature of Parent or Guardian)

(Date)

(Printed Name of Parent)

(Home Phone Number)

(Cell Phone Number)

Please note any information we need to know about your youth (medications, allergies, etc.)

In case of emergency and I cannot be reached, please contact:

(Name – Relationship)

(Phone)