

CAMP FRANCISCAN June 15-18, 2020



Celebrating the CALL

*...grateful for the ties of love which
Jesus binds us together.*

- Grow in your relationships: yourself, others, God and the world.
- Discover skills for discerning your vocation.
- Encounter religious and learn about the call to be a Franciscan Sister.

Franciscan Sisters of Christian Charity Motherhouse

<https://fsc-calledtobe.org>

DETACH...DETACH...DETACH...DETACH...DETACH...DETACH...DETACH...DETACH...DETACH...DETACH...DETACH...DETACH...DETACH...DETACH...DETACH...DE

Name _____

Parent/Guardian -if applicable _____

Address _____

Emergency phone _____

Email _____

Grade completed by June 2020 if applicable _____ Age _____ Birthday _____

Parish _____ Priest _____

School/Employment _____

Catch the
FRANCISCAN
spirit!

IMPORTANT INFORMATION

WHO: young women active in professional lives or college and high school

WHEN: Begins 10:00a.m., June 15
Closes after dinner on June 18 @12:30 p.m.

WHERE: Franciscan Sisters of Christian Charity
2409 S. Alverno Rd, Manitowoc WI 54220

Cost: \$45

Please detach the form and send the application and fee to:

c/o Sister Julie Ann Sheahan
2409 S. Alverno Rd. Manitowoc, WI 54220

Call 920-323-9632 for further questions.

REGISTRATION DUE

REGISTRATION (FIRST COME BASIS) LIMITED HOUSING



WHAT TO PACK

Spring jacket, sweater or sweatshirt, jeans, long shorts, gym shoes, personal items, shampoo, soap, etc. (towels and sheets are provided)

****PLEASE BRING A BACK PACK!**



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I hereby release all Franciscan Sisters of Christian Charity and adult supervisors from any and all claims, loss, cost, damage, or expense arising out of or from any accident or other occurrence causing injury to any persons or property during this Camp. I further authorize the Director of the Office of Vocations or her duly appointed representatives to act on my behalf in a medical emergency if I am unable to do so.

Photos, slides and videos of all participating in the camp will be used at the discretion of the vocation personnel for publicity, unless otherwise directed by you or a parent in writing.

Your own Signature or Parent/ legal Guardian _____ Date _____

Health Record: you or your parents must complete a health record and have it returned to Sister Anne Turba, NP ASAP. If you have registered without the availability of health assessment papers, they will be sent to you at the address provided on this form when the registration arrives at the Mother-house.