



- EPIC RETREAT 2016 -

REGISTRATION INFORMATION

EPIC Ministry is excited to host its upcoming retreat, “Fishers of Men,” at the Windward Retreat Center in Ka‘a‘awa. This retreat is specially tailored to young adults (ages 18-39 years old), though exceptions can be made to the age limit of those attending (including guest presenters, planners, and senior advisers).

IMPORTANT DATES

The retreat will be held on Friday, February 5 to Sunday, February 7, 2016 with an option for an extended stay until Monday, February 8, 2016.

All participants are asked to attend the retreat in its entirety, which may require taking off from school or work. There is no reduced price or refund for those who cannot commit for the entire time.

Registration Deadline is FRIDAY, JANUARY 22.

COSTS AND DEPOSITS

Costs are dependent on lodging options. All costs include meals and retreat materials.

- **CAMP-STYLE (outside tent):** \$45 / person
- **INDOOR AIR MATTRESS:** \$60 / person (only 8 slots available on first-come basis)
- **COMPLETE BED:** \$75 / person (only 8 slots available on first-come basis)
- **Extended Stay:** \$20 / person

Those involved with any EPIC Ministry fundraisers may have their deposit and balances credited by their ministry fundraising account.

REGISTRATION FORM

Completed registration forms may be mailed to EPIC Ministry, c/o Our Lady of Sorrows, 1403-A California Avenue, Wahiawa, HI, 96786, or emailed to info@epicministry.net. Make checks payable to “**Our Lady of Sorrows**” with “EPIC Ministry” in the memo.



RETREAT REGISTRATION FORM

(Please print clearly.)

OFFICE USE ONLY

Rcvd: _____ Dep: _____

Actv: Y / N Pymt: _____

PARTICIPANT'S NAME (Last, First, M.I.)		DATE OF BIRTH (mo. / day / year)	SEX <input type="checkbox"/> M <input type="checkbox"/> F
HOME PHONE	CELL PHONE	TEXT? <input type="checkbox"/> Y <input type="checkbox"/> N	T-SHIRT SIZE <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL <input type="checkbox"/> OTHER: _____
MAILING ADDRESS (Street/Apt) _____ (City) _____ (Zip Code) _____			
EMAIL ADDRESS		PARISH / CHURCH	

DESCRIPTION OF EVENT

Type/Name of event: EPIC Young Adult Retreat: "Fishers of Men"

Date of event: Friday, February 5, 2016 – Sunday, February 7, 2016*
* Option available to extend stay to Monday, February 8, 2016 at 11:00 AM

Time of Event: 6:00 PM (Friday arrival) / 11:00 AM (Sunday departure)

Destination of event: Windward Retreat Center

LODGING OPTIONS & COSTS (SELECT ONE)

1) **Outdoor Camp:** Outdoor tent lodging for 2 nights. Participant must provide tent and sleeping supplies.
 2) **Indoor Mattress:** Indoor air mattress or couch provided for 2 nights. Participant must provide pillows and sheets.
 3) **Complete Bed:** Indoor twin size bed (or one king for married couple) complete with pillows and sheets.

<input type="checkbox"/> OUTDOOR CAMP: \$45.00	<input type="checkbox"/> INDOOR MATTRESS: \$60.00	<input type="checkbox"/> COMPLETE BED: \$75.00
<input type="checkbox"/> [OPTIONAL] Extended Stay: add \$20.00		TOTAL DUE: \$ _____

** Make checks payable to "Our Lady of Sorrows Church" with "EPIC Ministry" written in the memo.

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to be transported to a hospital for emergency medical or surgical treatment.

NAME OF EMERGENCY CONTACT PERSON	RELATIONSHIP	PHONE
FAMILY DOCTOR / OFFICE		PHONE
HEALTH INSURANCE PROVIDER	POLICY NUMBER	
SIGNATURE	DATE	

I, _____, agree on behalf of myself, my heirs, assigns, executors, and
 (Name of Participant)
 personal representatives, to hold harmless and defend EPIC Young Adult Ministry, Our Lady of Sorrows Church, the Roman Catholic Church in the State of Hawaii (Diocese of Honolulu), its officers, directors, agents, employees, or representatives associated with this event from any and all liability claims, loss or damage arising from or in connection with my participation in this event.

Signature: _____ **Date:** _____