



Ephphatha (Be Opened)

- KALAUPAPA RETREAT 2015 -

REGISTRATION INFORMATION

EPIC Ministry is blessed and privileged to host its upcoming retreat, “Ephphatha: Be Opened,” in the land that our local saints, Saint Damien and Saint Marianne, ministered to those afflicted with Hansen’s disease (leprosy).

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 during the Labor Day weekend. Departure from Honolulu will be on **Friday, September 4** and return to Honolulu will be on **Monday, September 7**.

Those attending must be able to depart on Friday and return on Monday, which may require taking off from school or work. Monday, September 7, is a holiday for most people (Labor Day). Few exceptions can be made to this due to the structure of this retreat.

Registration Deadline is FRIDAY, AUGUST 21. This retreat has limited space available, so spaces are based on a first-come, first-serve basis. In the event that all spaces are filled, priority will be given to active EPIC Ministry members who register by the deadline.

COSTS AND DEPOSITS

The Total Retreat Cost is \$450 per person. Cost includes airfare, meals, and lodging.

- **If registering by Friday, July 10:** deposit of \$100 due with Registration Form.
- **If registering by Friday, July 31:** deposit of \$225 due with Registration Form.
- **If registering by Friday, August 21:** deposit of \$350 due with Registration Form.

Final Remaining Balance is due on Wednesday, September 2.

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: _____
HOME ADDRESS (Street/Apt) _____ (City) _____ (Zip Code) _____			
MAILING ADDRESS (if different from above) (Street/Apt) _____ (City) _____ (Zip Code) _____			
EMAIL ADDRESS		PARISH / CHURCH	

DESCRIPTION OF EVENT

Type/Name of event: EPIC Young Adult Retreat: "Ephphatha: Be Opened"

Date of event: Friday, September 4, 2015 – Monday, September 7, 2015

***Time of Event:** 8:00 AM (Friday departure) / 3:45 PM (Monday arrival)

Destination of event: Kalaupapa, Molokai

****Cost of event:** \$450.00

** Times are approximate and dependent on available flights (subject to change).*

*** Checks to be made 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. I further agree to abide by all rules and laws which govern Kalaupapa and will be accountable to the consequences of not complying with them.

Signature: _____ **Date:** _____

Print Name: _____