

# CAMP FRANCISCAN June 11-14, 2018

Do not be afraid. You have found favor with God.

- Experience growth in your relationships: yourself, others, God and the world.
- Discover skills for developing personal reflection and discernment of one's vocation.
- Encounter religious and develop an awareness of a call to be a Franciscan Sister.

Franciscan Sisters of Christian Charity Motherhouse <https://fscs-calledtobe.org>

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Name \_\_\_\_\_  
Parent/Guardian -if applicable \_\_\_\_\_  
Address \_\_\_\_\_  
Emergency phone \_\_\_\_\_  
Email \_\_\_\_\_  
Grade completed by June 2017-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 11  
Closes 1 p.m., June 14

**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 sweat-shirt, jeans, long shorts, gym shoes, personal items, shampoo, soap, etc. (towels and sheets are provided)

**\*\*PLEASE DON'T FORGET TO BRING A BACK PACK!**

.....DETACH

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.