

# MISSION TRAINING CAMP

July 17<sup>th</sup> – July 21<sup>st</sup> Monday – Friday

## What is Mission Training Camp?

Mission Training Camp (MTC) is an opportunity for you to grow radically in your faith through Service, Formation and Fellowship. Think of MTC as a Mission Trip, but instead of going to a far-off land to serve God, we stay here in Orange County and work with those that need help close to home. This not only means that it is more affordable, but that you will be developing relationship people and organizations that are in your area. Every day we will go out and help with different service organizations and with the needy here at home. Every night a different youth minister, from one of the eight local churches going us for MTC, will lead us in a Youth night designed to deepen our connection to the mission that the Lord has handed to each of us.

## How Much Does It Cost?

\$225. We encourage you to find Mission Partners to help you fund your Mission. This way you are evangelizing to friends and family as well as keeping the cost low on your family. See the attached "Mission Partners" letter.

## Who Can Come?

We are inviting anyone in high school or who WILL BE attending high school in September 2017. Young Adults are invited, but they must be finger sprinted and safe environment trained and should understand the focus of the events will be on the high school youth.

## When is Everything DUE?

\$50 deposit and Permission Slip due May 5<sup>th</sup>

Full Amount Due June 6<sup>th</sup>



Holy Spirit Catholic Church  
Mission Training Camp

Dear Friends and Family:

This Summer God Has called me to serve on an urban Mission Training Camp taking place here in Orange County. We will be staying at the Santiago Retreat Center spending time in prayer as well as training for our mission. I will be serving alongside other teens from my parish Holy Spirit Catholic Church in Fountain Valley and other parishes in the Diocese of Orange over the week of June 28<sup>th</sup> – July 2nd, 2018. This 5-day mission trip will be reaching out and spreading gospel to the poor and homeless of Orange County through acts of love and service. It is my hope that this mission trip will be the first step towards me living a more passionate life as a disciple who is constantly bringing the good news of Jesus Christ others.

Mission work is never the act of a single person, but rather it is always the work of the entire Church. There are several ways in which you can help support me in my mission. First, you can help pray for me and my fellow missionaries. Another way is to support the mission financially by becoming a *Mission Partner*. My minimum goal is to get 10 *Missions Partners* to each make a donation of \$25 or more. However, any and all donations are gladly accepted. As a *Mission Partner* you will be offered up in our daily prayer on the mission trip.

If you are able to support me in either prayer or as a *Mission Partner* please complete the bottom portion of this letter and return it to me with your donation by May 30, 2018 using the included envelope. Thank you for your support as I seek to serve God the mission field.

Yours in Christ,

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Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I will support you with prayer during your Mission Trip.

I wish to be a *Mission Partner* with a donation of: \_\_\_\_\_.

(Please make checks Payable to: Holy Spirit Parish)

**DIOCESE OF ORANGE**  
**MINOR PERMISSION & RELEASE FORM**  
**MISSION TRAINING CAMP**

**Event/Program: Mission Training Camp**

**Location: Santiago Retreat Center 27912 Baker Canyon Road Silverado, CA 92676**  
**And various service locations in Orange County**

**Date: Thursday, June 28<sup>th</sup> 2018 @ 8:00am – Monday, July 2<sup>nd</sup> 2018 @ 11:00am. Pick Up and Drop Off @ Holy Spirit Catholic Church**

**Cost: \$225 due June 6th (\$50 deposit DUE MAY 2<sup>nd</sup>). Make Check payable to Holy Spirit Catholic Church**

*(Please Print)*

**Participants Name:** \_\_\_\_\_ **Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Parent's Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_ **Cell or Work #:** \_\_\_\_\_

**If you can not be reached call:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Family Physician:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Insurance Company:** \_\_\_\_\_ **Policy No.:** \_\_\_\_\_

**Allergies/Medical Problems/Disabilities:** \_\_\_\_\_

**Is your child taking any over the counter or prescriptions drugs? **Print Clearly**** \_\_\_\_\_

I, the Parent (guardian) of \_\_\_\_\_, hereby give my permission for her/his participation above named activity. I agree to direct my child to cooperate and conform with directions and instructions of parish, school or diocesan personnel responsible for this Activity.

As a condition of my child being allowed to do so, I hereby release and discharge the Diocese of Orange, its constituent organizations including but not limited to The Roman Catholic Bishop of Orange, a Corporation Sole, and their officers employees and volunteers from any and all claims for personal injuries or property damage that he/she may suffer as a result of his/her participation in the activity described above, whether or not such injuries or damage are caused by the negligence, active or passive, of any of the entities, individuals named or described above.

I agree that in the event my child is injured as a result of his, her participation in the above named activity, including transportation to and from this activity, whether or not caused by the negligence, active or passive, of the parish, school, or diocesan youth activities program or any of its agents of employees, recourse for the payment of any resulting hospital, medical, dental treatment or related costs and expenses will be first be had against any accident, hospital, medical or dental insurance, or any available benefit plan of mine or my spouse. I am not aware of any medical condition of my child which would render it inappropriate for him/her to participate in any activity.

I hereby authorize the making of photographs, motion pictures, videotapes, recording, or other memorializing of said event and my child's participation therein, and the publication and duplication or other use thereof. I hereby waive any rights to compensation or any right that I otherwise might have to limit if to control such making or use.

I, hereby give permission to the permission to the physician, nurse, dentist, or licensed care staff selected by the supervisory personnel then present to render medical dental or other appropriate treatment deemed necessary and appropriate by the physician, nurse dentist or licensed care staff.

**Parent/Guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_