St Raphael High School Open Youth Room Agreement

Name:					
City:	State:	Zip:	Home Phor	ne:	
Email:				Date of Birth: _	/
Male Female	S	chool:			Grade:
Parent/Guardian's Na	me:		Cell Ph	none:	
	<u>7</u>	<u>Wednesda</u>	y High School Open Youth R	Room:	
open to <u>St Raphael 9</u> experience Christian	th - 12th grado fellowship v Youth Minis	e students vith one ar	on most Wednesdays during Open Youth Room provide nother in a safe atmosphere mming. Teens that come to	es an opportunity for before attending the	St. Raphael teens t Wednesday Night
		<u>Open</u>	Youth Room Expectations:		
* Teens can only bring a factor (Talk to Bob or Anna abd Teens will not arrive und Teens will show respect Teens will show respect Teens will not use profact Teens will clean up after Teens will not bring alor Teens will not engage in Teens will only be in the	friend with to out bringing til 5:00 PM. It to adult lead	the approving guests be High School Address and color of an designated the Young to the Young and the Young the Youn	fore bringing them to OYR) ool Open Youth Room ends a others attending Open Youth nds, property of St Raphael' name in vain at Open Youth things away when they are os, drugs, pornography, or we	et 6:45 PM. In Room. Is Church In Room Idone, including video Peapons to Open Yout	h Room. ween JP II and the
Teen Signatur	e:		[Pate:	

to

WEDNESDAY HIGH SCHOOL OPEN YOUTH ROOM - 5:00-6:45 PM www.straphaelyouth.com

Parent Signature:_____ Date: _____