



# ZION LUTHERAN CHURCH

241 5<sup>th</sup> Ave N. \* Hopkins, MN 55343 \* 952-938-3661

Dear 9<sup>th</sup> grade Confirmand and Parents,

Enclosed is a copy of the schedule and a permission slip for our upcoming **I Believe Retreat** on **October 19-20, 2011**. We will leave at 6:00pm on Wednesday and return no later than 4 pm on Thursday. It will be a great time that our Confirmands, Pastor Neal and Lisa Day will be spending together -- we hope you agree.

The cost of the retreat is included in your 2011 confirmation fees and includes overnight lodging, food, transportation and recreation. You may, bring extra money for souvenirs or vending machine snacks). *If money is an issue, please talk to Lisa Day or Pastor Neal.*

We will be going to Concordia University in St. Paul. We believe it is a good idea to give our youth some exposure to the Concordia University campus. The Residence Life Center apartment units contain four-bedrooms. Each bedroom will have a desk, dresser, and single bed. Each bed will include full bed linens, pillow and one blanket. You will also receive two towels and a washcloth to use during your stay.

**What to bring:** *Bible, pen/pencils, personal items (toothbrush, comb, towel, etc.), clothes appropriate for outdoor activity (rain or shine), warm jacket, a snack to share, your own beverages, and your favorite board game (optional).*

**[Please do not allow your student to bring iPods, Cell Phones, CD players, radios or other electronic games – they will not be needed during this retreat.]**

**Be sure to return the permission slip on the back of this form along with your \$70 Confirmation fee payment.**

If you have any further questions, please call us. We look forward to a great Retreat experience together with you.

Your servants in Christ;

**Pastor Neal  
Lisa Day**



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## **PARENT OR GUARDIAN CONSENT FORM**

**CONFIRMATION RETREAT    October 19-20, 2011  
Zion Lutheran Church, Hopkins, Minnesota**

The undersigned grants permission to the chaperones of the trip to take  
\_\_\_\_\_ (student's name) on a trip to the 9<sup>th</sup>  
Grade Confirmation Class Retreat on October 19-20, 2011.

In the event medical attention is needed this consent form grants permission to  
the chaperone(s) of the trip to arrange for it.

**ONLY THOSE STUDENTS, WHO RETURN THIS FORM, PROPERLY  
SIGNED AND DATED, WILL BE GRANTED PERMISSION TO PARTICIPATE.**

\_\_\_\_\_  
(Parent or guardian's signature)

\_\_\_\_\_  
(date)