

SUNDAY, **OCTOBER 13** 2019

10:00 AM-4:00 PM DOORS OPEN AT 9:00 AM

A Middle School Event Like No Other!

STROH CENTER AT BOWLING GREEN STATE UNIVERSITY, OH 1535 E WOOSTER ST, BOWLING GREEN, OH 43403

FEATURING



KATIE PREJEAN MCGRADY



JOE MELENDREZ



BRIAN GREENFIELD



SARAH KROGER



DOM QUAGLIA



BISHOP DANIEL THOMAS, DIOCESE OF TOLEDO DIOCESE OF LANSING



BISHOP BOYEA.

TICKET PRICES

\$35 UNTIL JULY 14 • \$40 BETWEEN JULY 15 AND SEPTEMBER 15 • \$45 AFTER SEPTEMBER 16 ALL ATTENDEES MUST BRING A LUNCH

CONTACT

FOR MORE INFORMATION, VISIT NFCYM.ORG/HOLYFIREGREATLAKES







Holy Fire Ticket Process, October 13, 2019

There are four options for obtaining tickets and/or transportation:

- 1) Go with Diocese
 - a) Diocese purchases tickets
 - b) Diocese provides transportation
 - c) Diocese collects permission forms
- 2) Parish buys its own tickets, but goes with Diocese
 - a) Diocese collects permission forms
 - b) Diocese provides transportation
- 3) Parish goes on its own
 - a) Parish purchases tickets
 - b) Parish provides transportation
 - c) Parish collects permission forms
- 4) Families may purchase tickets and are responsible for their own travel arrangements
 - a) No permission forms needed; parents/guardian supervise their youth

In options 1 and 2, the following Registration/Permission Form must be completed and submitted to the **Office of Youth Ministry**, **5802 Weiss Street**, **Saginaw MI 48603**. In option 3, permission forms must be completed and submitted to the parish. Parish/Diocesan group leader will keep the Registration/Permission Forms for all attendees in their group. Click here and scroll down for the Group Leader Guide, Adult Code of Conduct and Youth Code of Conduct.

Everyone attending must have a ticket to enter the venue. All participants must bring their own lunch.

Chaperones

Any youth attending Holy Fire Great Lakes without their parent/guardian must be chaperoned in accordance with standard diocesan policy (one adult chaperone for eight youth). Permission forms will NOT be turned in at the event; they remain with chaperones/parish personnel.

Ticket Prices:

Date of Ticket Purchase	Ticket Cost	Transportation	Ticket Cost with Diocesan Transportation
Before July 12	\$35	\$15	\$50
July 13 – September 13	\$40	\$15	\$55
September 14 to event*	\$45	\$15	

^{*}After September 13, tickets may be purchased either by the individual for pick up at the will-call window or at the door. In this situation, if we have seats available on our buses, attendees may pay \$15 for transportation and pick up/purchase their tickets at the door.



Diocese of Saginaw Holy Fire Great Lakes, 2019 Registration/Permission Form

(One form per registrant, please.)

Stroh Center, Bowling Green State University

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Part A – Registration Information				
Name:		Date of Birth:		
Preferred First Name for Name Badge:				
Street Address:		Parish:		
City/State/ZIP:		□ Youth-Grade: □ Chaperone		
Email:				
Cell Phone (must provide if registering	ng as a chaperone):			
Cell Phone (Participant):				
Parent(s)/Guardian name:				
Emergency Contact:		Phone:		
Part B – Cost				
Please check the appropriate option: Who is paying? ☐ Check enclosed ☐ Bill parish				
Tickets purchased by:	Tickets Only	Ticket and Transportation		
Before July 12 July 13 – September 13	□ \$35 □ \$40	□ \$50 □ \$55		
July 13 – September 13	L \$40	□ \$33		
Transportation only	□ \$15			
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Part C – Parental Statemen	at of Consent (must be completed f	or those under the age of 18)		
I hereby consent to participation by my child				
Parent/Guardian name (printed)	Parent/Guardian Signature	Date		

Part D – Medical Treatment Authorization			
To Whom It May Concern:			
I hereby authorize treatment for \square my child \square myself b	y a qualified and licensed <u>physician</u> of any condition which, in appropriate. This authority is granted only after a reasonable		
Reason for which release is intended: Holy Fire Great	<u>Lakes</u>		
Participant's Name	Relationship to you (if minor): _ □ Son □ Daughter		
Address:	City:		
Emergency Phone(s):			
Family Physician:	Phone:		
Physician Address:	City:		
List allergies, medication, contacts, or other pertinent original containers):	comments (Prescription medication must be provided in		
Health Insurance Information:			
Company:	Policy:		
Group:	Contract:		
Rights that may be presented by the physician or health of	y own free will with the sole purpose of authorizing medical		
Date: Signed: (Adult or I			
(Adult or I	Parent/Guardian)		
Part E – Media Release (must be completed for those under the age of 18)			
I			
☐ Catholic Diocese of Saginaw website	☐ Public information for promotion of Diocesan, school, or parish programs (brochures, newspapers, radio, or television)		
☐Parish purposes/website	□School purposes/website		
	or		
☐ I do not give permission for my child to be photo	graphed, videotaped or voice-taped.		
Minor's Name:			
Parent/Guardian Signature:	Date:		
·	ston@dioceseofsaginaw.org or 989.797.6654.		