



CATHOLIC CREW MARCH FOR LIFE Pilgrimage 2016 JANUARY 20-24, 2016

Dear MFL Friends,

Planning for the Annual March for Life Pilgrimage to our nation's capital for the youth of the diocese is underway. As Catholics, we believe that all life is sacred. Participating in the March for Life is an opportunity to be advocates for those who cannot speak for themselves and to help our government understand why we believe life is so sacred.

Attached to this letter is the revised and updated PERMISSION/MEDICAL RELEASE FORM. Two changes to be aware of are the EMAIL ADDRESS LINE and the request to put the NAME OF THE PARTICIPANT IN THE MEMO LINE. This year the March will be on Friday, January 22nd. We will spend Saturday in Philadelphia before heading home, arriving Sunday morning. The cost of the pilgrimage has not changed, remaining at \$300. **Every participant must submit a completed registration form, a copy of your insurance card and the deposit of \$100.00 by November 30th. Hotel Room assignment form must accompany registration forms. This deadline is important so we can guarantee bus seats and hotel rooms. Effective Dec. 1 a late registration fee of \$25 per late entry will be assessed.** The deposit is **NON-REFUNDABLE** but is transferable. The cost of \$300.00 is based on 4 people per room, \$320.00 based on 3 people per room and \$360 based on 2 people per room. **Final balance will be due January 7th, 2016.**

We will depart on the afternoon of Wednesday, Jan.20th and arrive in Washington, DC on Thursday morning. We will attend the Vigil Mass at the Basilica Thursday evening. The March will be Friday on Constitution Avenue. Specific details on the itinerary will be sent with your confirmation letter. Please be flexible as the itinerary may change.

Please Note: This trip is primarily geared for teens and adults. This is an opportunity for us to educate the youth with information and videos relevant to the pilgrimage (ex: abortion and chastity) and in conformity with Church teaching. As such, the content of the shared information may not be suitable for young children.

Here is a list of suggested items to bring on the pilgrimage: pillow blanket, rosary, camera, film, batteries, playing cards, book, iPod, video games. Please limit your gear to 1 bag or suitcase as space is limited. You may bring snacks and other personal items on the bus, just be mindful that there are others sitting around you. We will be sleeping two nights on the bus. Pack warm clothes (hats, gloves, scarves, rain poncho) and good walking shoes. Layers of clothing work best as you can add or remove them as needed.

If you have any questions or concerns please contact Becky: b_bauerle60@yahoo.com or 618-322-4597, or Jana: jtschulenburg@yahoo.com or 217-622-5133. We look forward to praying and witnessing with you again in January 2016!

Sincerely in Christ,

Becky Bauerle & Jana Schulenburg
2016 MFL Pilgrimage Coordinators

over ↗

Please mail the following papers to the area coordinator:

Diann C Ruholl
1250 E 1700th Ave
Teutopolis, IL 62467

_____ Permission/Medical Release Form

_____ \$100 deposit

_____ copy -front & back-of your insurance card

Please mail all to me so I can make room assignments with your friends, and distribute various and anonymous donations to help you fund your March for Life journey.

Lisa Rexroat and I usually fill one bus, so we like to get organized to make this the best possible experience for you and everyone from our area.

If you have any questions or concerns please call:

Diann 217-663-2056

Lisa 217-821-4451

Thanks for your witness to life and look forward to traveling with you!

Diann needs the paper work by Saturday, November 28th.
This means you need to mail it by Wednesday, November 25th.

CATHOLIC CREW MARCH FOR LIFE PILGRIMAGE 2016

Permission/Medical Release Form

FORM & \$100 DEPOSIT is DUE NOVEMBER 30, 2015. After 11/30, a \$25 late entry fee will be assessed. **FINAL BALANCE DUE JANUARY 7, 2016.**

CHECKS MADE OUT TO: **MPH MARCH FOR LIFE** MAIL FORMS & PAYMENTS TO: **Becky Bauerle**
Mother of Perpetual Help
200 N. Lange Ave.
Maryville, IL 62062
****write NAME OF PARTICIPANT in MEMO LINE DEPOSIT IS FOR****

(PLEASE PRINT)

NAME: _____ **PARISH:** _____

ADDRESS: _____ **CITY:** _____ **ZIP:** _____

AGE: _____ **M** _____ **F** _____ **DOB:** _____ **GRADE** _____ **OR ADULT** _____

PHONE #() _____ **# ON MFL IF DIFFERENT:** _____

EMAIL: _____ **HOODIE SIZE: S M L XL XXL XXXL**

Code of Behavior for Youth Participant

You are representing Youth Ministry in our diocese and are expected to represent it in a mature and responsible way, which for many years has been the trademark of Catholic youth and adults of our diocese.

1. All participants are expected to honor all curfews, departure times as per schedule.
2. All participants are expected to demonstrate common courtesy and respect at all times. Inappropriate language/behavior will not be tolerated.
3. Socializing should always be done in public areas.
4. Dress should reflect the value of modesty. Writing on clothing should reflect Christian values.
5. The possession or consumption of alcohol and/or possession/use of any illegal drug is not permitted.
6. Smoking is not permitted.
7. Weapons and/or drug paraphernalia are not allowed.
8. If under age 18, prescription drugs need to be given to an adult for storage/distribution.
9. Infraction of these rules can mean immediate dismissal with no refund. Participants will be responsible to local authorities as well.

I understand and agree to this **Youth Code of Behavior**. I also understand and agree that my parent or guardian will be notified at the time of any infraction requiring my dismissal. I, my parents or guardian will be responsible for my removal from the premises and any costs involved.

Youth Signature: _____ **Date:** _____

I hereby certify that the above information is correct and give permission for my child to participate in the 2016 MFL. I have read the Youth Code of Behavior with my child and we understand its terms. I further understand that the deposit is non-refundable.

Parent/Guardian Signature: _____ **Date:** _____

Note: Videotaping and still photographs may be taken during this event. This authorization form constitutes permission for my child's participation in the videotape and/or still photographs, which may be used for future promotional efforts, including the Diocese of Springfield websites.

MEDICAL PERMISSION

DOCTOR: _____ **Dr. Phone #:(** _____ **)** _____

INSURANCE CARRIER: _____

*******(attach a COPY~FRONT & BACK~ OF INSURANCE CARD)*******

POLICY HOLDER: _____ **POLICY #** _____

EMERGENCY CONTACT: _____ **PHONE# (** _____ **)** _____

DATE OF LAST TETNUS IMMUNIZATION: _____

I hereby advise you of the following disabilities or physical or mental conditions, if any, that may affect participation in the March for Life activities. List any allergies or medical conditions, such as medication or food allergies or asthma, which chaperones need to be aware of during this pilgrimage. Also include necessary interventions should treatment be needed:

I hereby grant permission for non-prescription medication such as cough drops, Tylenol, etc. to be given to my son/daughter if necessary (please initial your response). YES _____ NO _____

Please notify Becky Bauerle (618)322-4597 or Jana Schulenburg (217)622-5133, if this participant is exposed to any communicable disease during the three weeks prior to March for Life departure.

My son/daughter is taking medication and will bring all medication with him/her in the original prescription container with the label still attached. Directions for taking the medication, including frequency, dosage, and storage are as follows: _____

I grant permission for the administration of First Aid to my son/daughter, _____, by the people in charge of the Annual March for Life Pilgrimage, and those transporting him/her to and from the event as their judgment deems advisable, and to make the necessary referrals to qualified physicians for the treatment of illness or accidents of a more serious nature. I understand I will be promptly notified in the event of any serious illness or accident and prior to any major surgery, except when delay in such communication would endanger life. In the case of a medical emergency, I understand that every effort will be made to contact the parent/guardian of the participant. In the event that I cannot be reached, I hereby give permission to the physicians selected by the adult staff to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery if deemed necessary for my child as well as give permission for the release of medical records to an attending physician in case of illness.

Parent/Guardian Signature: _____ **Date:** _____

NOTE: No participant will be considered registered for or allowed to participate in the MFL Pilgrimage without this completed form, and a copy of your Insurance Card (both sides).

Questions: Becky Bauerle 314-344-6464 (work) or 314-322-4597 (cell) or Jana Schulenburg 217-622-5133.