



Tell us a little about yourself...

What is your favorite color?

What are your hobbies?

In 5 years I will be...

What do you worry about most right now in your life?

Favorite book?

What is most important to you right now in your life?

What is your favorite food?

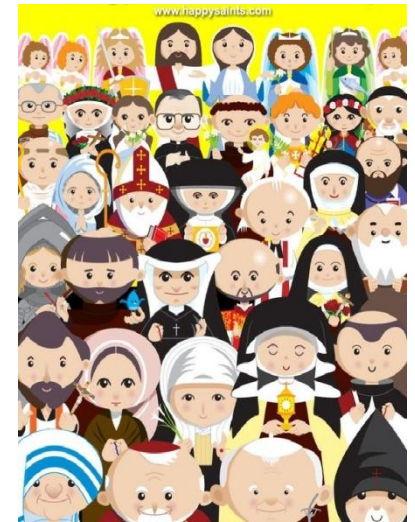
What is your least favorite food?

What is your favorite type of music?

Do you have a hidden talent? What is it?



“Saint”ify Me! Search 2017



March 24-26, 2017
Begins @ 7:00pm on the 24th
Ends @ 12pm on the 26th.

Great Falls Central
Catholic High School
2800 18th Ave. South

What is Search?



The main focus of Search is to motivate, develop, and strengthen your personal relationship with Christ. It is an opportunity for you to focus your energy for approximately 48 hours on your spiritual growth, and to hang out with a group of really cool people!

The goal is for you to grow in self-confidence Christian maturity be closer to Christ, and to help others grow in these areas as well.

Search is a time to explore your faith questions. There will be talks, group activities, discussion, and unique prayer experiences throughout the weekend.

Search is open to all high school youth, Catholic or Non-Catholic.

This year's Search will be held at:
Great Falls Central
2800 18th Ave. S
Great Falls, MT 59405

Please return your completed application and your \$50 registration fee to your parish Youth Minister or to Deacon Ferguson on or before **Wednesday March 8, 2017**. (Checks should be made payable to your parish, if you are not a member of a Catholic Parish in GF please make your check out to: Holy Spirit Parish)

No one is turned away due to financial need. If you cannot afford the full price of the weekend contact your parish youth minister for scholarship information.

Questions? Please contact your parish youth minister directly.

City-Wide Search Application, Liability/Medical Release Form

All applicants must complete this form & return to their youth minister w/ their \$50 fee on or before March 8, 2017.

A confirmation letter & packing list will be sent to you upon acceptance of your application.

Youth Name: _____ School: _____

Age: _____ Grade: _____ Birth date: _____ Cell Phone #: _____

Youth Email: _____ Parish: _____

Parent/Guardian Information:

Name(s): _____

Email(s): _____

Cell #(s): _____

Street Address, City, Zip: _____

Medical Information (if none please write N/A):

Any specific medical issues, including food allergies: _____

Any current/continuing medication?: _____

Other information we should know: _____

In case of emergency, notify: Name: _____ Phone: _____

Relationship: _____

Do you have medical insurance? Yes ___ No ___

Insurance Co. _____ Group #: _____ Member id #: _____

Physician's Name: _____ Dentist's Name: _____

Parent/Guardian: I release the Diocese of Great Falls - Billings, _____ Catholic Parish, Great Falls Central Catholic High School, and chaperones/volunteers from any liability incurred during the March 24-26, 2017 Search activities. In the event that my child is injured or requires medical attention, I give my permission to have my son/daughter treated by medical personnel and I assume responsibility for all medical bills incurred if any. By signing this form, I understand that photographs and/or video footage of my child may be published by the Catholic Parish, Catholic School, or the Diocese of Great Falls-Billings to advance the mission and purpose of Search retreats and the Catholic Church. I give permission to allow my son/daughter to attend the City Wide Search March 24-26, 2017 to be held Sts. Peter & Paul Center in Great Falls, MT.

Print Name of Parent/Guardian: _____

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

Youth: I agree to participate and actively engage in Search. I also agree that I will not engage in any behavior unbecoming of a Christian. This includes but is not limited to alcohol/drug use, abusive language, physical force or any other activity that harms me or others during this weekend.

Student Signature: _____