

A comment often shared by past participants is that this retreat is the weekend that changed their lives! We are called to know, love, and serve God. How can we be more Christ-like? Come and experience wonderful opportunities to deepen Christ's awesome presence in your life.

A few quotes from former participants:

“Christian Awakening retreat was a turning point for me. For the first time, I really understand what it means to love others as I love myself.”

“As I completed high school and went into the Marines, I would often think about my days on the Christian Awakening retreat and smile. The things I experienced on that weekend have been a continual inspiration to me in all I do.”

“God doesn't make junk! I was not in a good place in my life. The people who shared with me during the retreat really opened my eyes and soul to something so much better...”

Frequently Asked Questions

What should I bring? You will receive an email before the retreat weekend giving you all the details! In general, you will be packing comfortable clothing, toiletries, and snacks.

What do we do on retreat? If you've never been on a retreat before, don't worry! You will be with awesome people and experience a great mix of prayer, games, small group discussions, meals, Sunday Mass, and sleep! There is also a team of young adults and youth ministers to guide the retreat! Participants are required to stay for the entire time of the retreat.

CHRISTIAN AWAKENING RETREAT REGISTRATION

I, _____, parent/guardian, request that my child, _____, be allowed to participate in the Archdiocese of Louisville **CHRISTIAN AWAKENING RETREAT, March 15, 7pm until March 17, 6pm. I UNDERSTAND PARTICIPANTS ARE REQUIRED TO STAY FOR THE ENTIRE TIME OF THE RETREAT.**

I further give permission for my child to ride in any vehicle designated by the adult in whose care my child had been entrusted while participating in this retreat. In consideration of permitting my child to participate, I do hereby, for myself and my child, waive and release any and all claims against the owners, leasers, or operators of any facilities used for any and all injuries or losses suffered by said child.

Signature of Parent/Guardian _____

Address _____ City _____ State _____

Date _____

I give permission for my child to be photographed and that the photo may be used for diocesan publication.

Parent/Guardian Signature _____

Additional Youth Information

PARISH _____ SCHOOL _____

GRADE _____ BIRTHDAY _____