

# ADVENT RETREAT RESPONSE FORM CATECHISTS/VOLUNTEERS

Please return by **November 7, 2023**

**Mail to:** Jenny Bryans  
Office of Catechesis  
Archdiocese of Indianapolis  
1400 N. Meridian St.  
Indianapolis, IN 46202

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

## **Emergency Contact Information**

(1) Name: \_\_\_\_\_

Relationship \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

(2) Name: \_\_\_\_\_

Relationship \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Food Allergies/Restrictions/Special Instructions: \_\_\_\_\_

\_\_\_\_\_

I plan to be there for the whole afternoon (12pm - 6pm)

I can be there for part of the retreat

(Please indicate below, as best you can, when you will be with us)

I have my Safe Parish Certification

**Questions** Please Contact Jenny Bryans at (317) 236-1448 or [jbryans@archindy.org](mailto:jbryans@archindy.org)