

He is RISEN

The Prophet

The monthly Sacred Heart Youth Ministry Newsletter

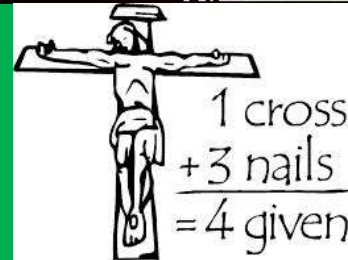


REVERENDFUN.COM COPYRIGHT BIBLE GATEWAY



04-10-2016

YOU TOLD ME TO GET A NEW EASTER SUIT AND THIS IS THE ONLY ONE THAT THEY HAD LEFT



REVERENDFUN.COM COPYRIGHT BIBLE GATEWAY



(See John 20:1-18)

04-09-2016

WELL PLAYED



Day	First Name	Last Name
6	Davian	Gerdin
12	Delaney	Broeniman
19	Mikaela	Goh
23	Emma	Broeniman
27	Hunter	Hamilton



- 2 Youth Group
- 2 Open Lounge
- 3 First Fry Setup
- 3 Lenten Series Speaker
- 4 Adoration & Benediction
- 4 Youth Ministry Fish Fry
- 4 Stations of the Cross
- 8 Holy Hour
- 9 Youth Group
- 9 Open Lounge
- 10 Lenten Series Speaker
- 11 Movie Madness
- 11 Stations of the Cross
- 13 Daylight Savings time starts
- 16 Youth Group
- 16 Open Lounge
- 17 Lenten Series Speaker
- 18 Stations of the Cross
- 20 Palm Sunday
- 23 No Youth Group
- 23 No Open Lounge
- 24 Holy Thursday
- 25 Good Friday
- 26 Easter Vigil
- 27 Easter
- 30 No Youth Group
- 30 No Open Lounge

LIFE² stands for
Living in Faith Everyday & Everyway

LITTLE
BOY

\$4.00 and a Can of Food

Permission Slips Required

MOVIE MADNESS

Friday, March 11

6 – 10 pm





Save the Date



Tuesday, June 14

Tuesday,
July 26



SixFlags
GREAT AMERICA



Tuesday,
August 9



Wednesday, Aug 24

March 11th Movie Madness Permission Slip

Please complete the following:

Name _____

Phone _____ Grade _____

In Consideration of **Sacred Heart Youth Ministry** arranging for a **viewing of "Little Boy" – this movie is rated PG-13** the undersigned parent of _____, a minor, hereby releases and agrees to hold harmless Sacred Heart or any of its advisors, chaperones or persons connected with the event from any liability, claims or damages for personal injury, property loss or other damage which may result during the above event. The undersigned _____ hereby agrees to abide by the rules established for the above event.

Dated in the area of Appleton, Wisconsin, this _____ day of _____ 2016.

(Signature of Parent)

(Signature of Participant)

AUTHORIZATION FOR MEDICAL TREATMENT

I hereby authorize the treatment, administration of anesthesia, and surgical treatment(s) for my minor son/daughter _____ in the event of a medical situation occurring during my absence or when the hospital or physician(s) are unable to contact me. This authorization extends to any hospital, physician(s) and nursing personnel within the hospital or employed by the physician as well as any physician and physician's staff where treatment is rendered in the physician's office. I release from medical responsibility and liability the hospital, physician(s) and nursing personnel for performing medical procedures acting on the authority of this medical treatment consent form which such medical providers deem necessary for my minor child.

Signed this _____ day of _____ 2016.

and valid until the __12th__ day of __March__ 2016.

(Signature of Parent)

Name of Parents _____ Phone _____

Emergency Phone Number of one/both parents _____

Insurance Company _____ Insurance # _____