

# Quo Vadis Retreat (Where are you going?)

July 31, 2026 – August 1, 2026

Location: Marelllo Youth Retreat Center, Loomis, CA

## REGISTRATION CHECKLIST

- Diocesan Permission Slip (*Event name on Diocesan Permission Slip: "Quo Vadis Retreat 2026 & Follow-up Gatherings for 2026-27 school year"*)
- Payment \$100
- Recommendation Form for Participant (Pastor, Deacon, Youth Minister or Religious Director/Coordinator)
- Photo Release Form
- Allergies: No  Yes  If yes, what allergy? \_\_\_\_\_
- Special Diet Needs (vegetarian, gluten free, lacto intolerant, other):  
No  Yes  If yes, please note \_\_\_\_\_
- Medication with Doctor's Prescription: Will your son bring doctor prescribed medication to the retreat?  
No  Yes  If yes, please note and indicate any special instructions: \_\_\_\_\_

### PARENTS – RETREAT SCHEDULE AND TRANSPORTATION:

**Arrival and Departure Times: 4pm on Friday, July 31<sup>st</sup> and Departure time on Saturday, August 1, 2026**

#### Transportation for your Son:

- I will drop off and pick-up my son.

**If you will not pick up or drop off your son, please provide the contact information for the person who will be able to provide transportation. The following person will:**

- Drop off my son     Pick-up my son.

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

**Telephone Number (cell number):** \_\_\_\_\_

Please return this check-off list with the completed forms to the Office of Vocations by the registration deadline on July 17, 2026 with a check made payable to the Office of Vocations, 2110 Broadway, Sacramento, CA 95818.

If you made an online reservation and have made the payment online at <https://www.scd.org/quovadis>, completed forms must also be submitted by the registration deadline on July 17.

Son's Name: \_\_\_\_\_

Name of Parent: \_\_\_\_\_

Home Tel.: \_\_\_\_\_ Cell: \_\_\_\_\_

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

Emergency contact if parents are not available: \_\_\_\_\_

Name/Relationship

Home Tel.: \_\_\_\_\_ Cell: \_\_\_\_\_