

High School Spectacular

Sunday, March 7, 2010

The Sainthood Project

Knights of Columbus Hall

2490 Armory Rd
El Campo, Texas

Speaker: Todd Lemieux



Todd Lemieux is a full time missionary and evangelist who speaks to groups around the country about living a life filled with prayer, Scripture, Theology of the Body, Beatitude, Virtue, and the Fruits and Gifts of the Spirit as the recipe for our best life possible. For the last ten years, he has been involved in evangelization as either a youth or campus minister, diocesan director, teacher, speaker, comedian, or music minister.

After graduating from Pepperdine University in California, Todd worked in production for television while starting his own theater company in Los Angeles. After moving to New York, he left the entertainment industry to follow the call of youth and music ministry on a parish level. Todd has taught Scripture, Morality, and Christian Existence, along with serving as an assistant chaplain at the Catholic high school level. He has served as a worship leader, and a coordinator of campus ministry at the college level.

After a year of prayer and discernment, Todd founded The Sainthood Project and The Sainthood Challenge, convinced that only when we allow the grace of God to transform our lives can we truly change the world. He resides with his wife Dominique on Long Island where they raise their two daughters.

For more information contact your parish coordinator or Debbie Vanelli at the Office of Youth & Young Adult Ministry (361)573-0828, dvanelli@victoriadiocese.org or Jose Ortega, jortega@victoriadiocese.org

Early Registration deadline:
Thursday, March 4, 2010

\$17.00 per-Youth Participant

Group Rate of 8 or more \$15.00 per-person

(\$7.00 per-Adult Participant)

(\$20.00 at the door **NO EXCEPTIONS**)

All fees must be mailed to the office before the event.

Doors Open at 11:00 a.m.
Spectacular begins at 11:30 a.m.
And Concludes with Liturgy at 5:00 p.m.



- Lunch
- Keynote
- Activities
- Liturgy

2010 Spectacular Registration

Name _____ Address/City _____ Zip _____

Parish Name/City _____

Attending Adult Sponsor _____ Phone No. _____

Amt. Pd. _____ Ck.#/Cash _____

Please return to: Office of Youth and Young Adult Ministry ♦ P.O. Box 4070 ♦ Victoria, Texas 77903 ♦ FAX 361/573-5725

DEADLINE: Thursday, March 4, 2010



**OFFICE OF YOUTH MINISTRY
DIOCESE OF VICTORIA IN TEXAS
PERMISSION FORM/MEDICAL RELEASE**

NAME _____ Sex _____ Grade _____
Address _____ City _____
St/Zip _____ Phone (____) _____
Age _____ Birthdate _____ Parish _____

PARENT/LEGAL GUARDIAN'S

NAME _____
Address (if different than above) _____
Phone (if different than above) (____) _____

I hereby consent to participation by my son/daughter _____ in the Youth Spectacular sponsored by The Office of Youth Ministry of the Diocese of Victoria on March 7, 2010. I understand that the activity will take place at the **Knights of Columbus Hall in El Campo, Texas** and that my son/daughter will be under the supervision of diocesan and/or parish personnel. As parent or legal guardian I agree to defend, indemnify and hold harmless the Diocese of Victoria, its clergy, officers, agents, employees and volunteers from any claims, costs or expenses for property damages, personal injuries or other damages arising out of my son/daughter's participation in the above mentioned activity.

I grant permission for non-prescriptive medication (e.g. tylenol, throat lozenges, cough syrup, pepto-bismol, etc.) and routine nonsurgical medical care to be given to my son/daughter if deemed advisable by the supervising diocesan personnel. In case of an emergency, I also grant permission to transport my child to the nearest hospital for emergency medical or surgical treatment and for an authorized adult sponsor to sign for treatment if I cannot be located.

(please initial for consent) Photo Disclaimer: I hereby give permission for my son/daughter to be photographed or video taped. I realize that the photo maybe published in the newspaper, a magazine, or other publication. The video may be used for educational purposes or informational purposes regarding programs or curriculum.

Date _____ Parent's Signature _____

Family Physician _____ Phone (____) _____
Address _____ City/Zip _____

My son/daughter is allergic to: _____

My son/daughter takes the following medication (name, dosage): _____

This medication is for: _____

Medication that my son/daughter is allergic to: _____

Last immunization/booster for Diphtheria/Tetanus: _____

Any specific medical problems: _____

Any physical limitations: _____

In an emergency, if unable to reach parent/guardian, please contact:

Name _____ Work Phone (____) _____ Home Phone (____) _____

Name of Insurance Company _____ Phone (____) _____

Address _____

City/St/Zip _____

Name of Insured _____

Policy # _____ Group or Plan# _____