

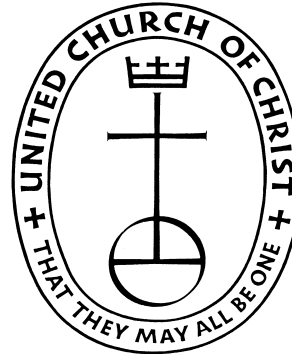


Ct. Conference Confirmation Retreats

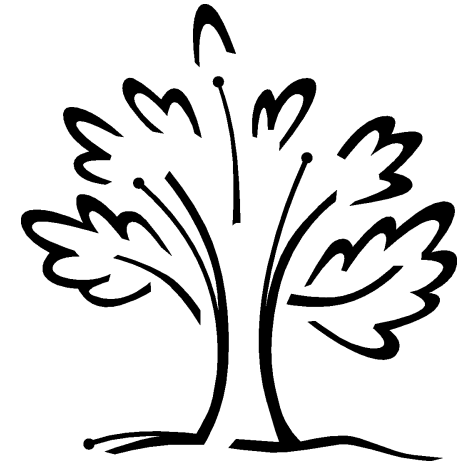
The purpose of these retreats is not to teach confirmation all in one weekend, but to help build community and to ask the questions that are key to a Confirmation process.

Program Questions:

Karen E. Ziel
Minister of Christian Education
860.761.7104



The Connecticut Conference, UCC
125 Sherman Street
Hartford, CT 06105



Confirmation Retreats

2010-11
*at Silver Lake
Conference Center,
Sharon, CT*

**CT Conference, UCC
Confirmation Retreats
Important Information**

When:
All retreats begin at **7:00 PM** on the Friday night of the weekend. The retreats end at **11:30 AM** on that Sunday. Sunday lunch is not provided.

Who: Although all are welcome to participate, these retreats are designed for 8-10th grades.

Cost: \$120.00 per person

Deposit: Your deposit will be half the cost of your group's fee. Deposits are non-refundable so confirm EARLY. The balance of your group's fee needs to be received by our office TWO WEEKS prior to your weekend.

We will send you confirmation of your registration. You will receive a packet of information 4 weeks prior to your retreat.

Please Note: The deposit is for the number of people you initially register and is NOT transferable to the balance due if anyone cancels.

Retreat Dates:

November 5-7, 2010
November 19-21, 2010
January 7-9, 2011
March 4-6, 2011

>Please note these changes from previous years:

*To better manage the costs of running this program, there will be just four retreats this year. Each retreat will be limited to **60 persons** (leaders and youth) and each retreat will need to be fully subscribed. Registrations close six weeks prior to each retreat.*

Because some individuals and congregations find the cost hard to meet, we invite those who are able

**Important
You are responsible for bringing one male adult for every eight male youth who attend and one female adult for every eight female youth who attend.**

to contribute to the confirmation retreat scholarship fund.

**CONFIRMATION RETREAT
REGISTRATION FORM**

Please mark #1 and #2 choices for Retreat Date:

_____ Nov. 5th-7th
_____ Nov. 19th-21st
_____ Jan. 7th-9th
_____ Mar. 4th-6th

>Grade(s) level of youth: _____
>Estimated # of females: _____
>Estimated # of males: _____

Max. # of people attending from your group: _____

Contact: _____

Church: _____

Address: _____

Phone: _____

E-mail: _____

Enclose check made payable to:
Missionary Society of CT
Deposit amount: \$ _____
Scholarship Fund: \$ _____
Mail with form to:

**Sue Wilber
CT Conference UCC
125 Sherman Street
Hartford, CT 06105**