**Announcing the Annual Catholic Scout Retreat:**

***#adwmattaponi***

**(Post pictures/comments and follow the retreat on Instagram)**

***Sep 9, 2017***



**Join us for a day of Scout fun!**

**A Going Away Celebration for our Mattaponi Experiences!**

**“Very well put together”**

**“Inspirational”**

**Registration Fee $10/person**

**“Fun”**

**“I loved it!!!”**

**“Awesome”**

 

Sponsored by:

The Catholic Committee on [Boy] Scouting, Archdiocese of Washington and

The Catholic Committee on Scouting, Diocese of Arlington

Developed by Scouts for Scouts Living the 12th Point of the Scout Law

Our Lady of Mattaponi Retreat Center

11000 Mattaponi Road

Upper Marlboro MD

**2017 Catholic Scout Retreat: #adwmattaponi**

The retreat is primarily for Scouts from the National Capital Area Council, but is open to all Boy Scouts and members of Venturing Crews from other councils as well. We are also inviting Trail Life, American Heritage Girls and Girl Scouts – members who are ages 11-18. Activities begin Saturday morning with registration at 7:30 am. All youth will participate in a variety of activity stations. Holy Mass will be offered Saturday evening (fulfills Sunday obligation). Saturday activities will include a Penance Service, Stations of the Cross, Rosary Walk, Code Breaking, Signaling and Field Games. Youth will also have the opportunity for Chaplain’s Aide training. All activities are coordinated to allow troops and crews to attend the event and camp as a unit, as they do at other Scouting camporees. The retreat concludes Saturday evening after dinner and night prayers. Please see the draft schedule on page 3 for more information.

Registration, Child/Youth Protection, and Logistics

**Registration:**

* **Registration fee of $10.00 per attendee (adult or youth)** is payable onsite (make checks payable to the Catholic Committee on Scouting). Saturday Lunch and Dinner will be provided by the Retreat staff. A retreat patch with year rocker and St Peter Claver Patch will be provided to participants. The Rosary Patch can be purchased by the units from NCCS. Please pre-register with an estimate of the number of participants to assist us in purchasing supplies. Overnight camping is available for Friday or Saturday night for no additional charge. All meals other than Saturday Lunch and Dinner must be provided by the unit.
* All retreat attendees must be listed on the unit roster at check-in and must provide the appropriate BSA health and medical record, please ensure the forms have phone numbers where parent/guardian can be reached during the weekend.
* All participants **must** turn in a completed Archdiocesan Office of Youth Ministry permission form. These consent forms will not be returned.
* Please direct registration questions to Trish Walker (301-498-3071, walkerscouts@verizon.net) or Dottie Tamai (301-773-1995, dtamai14@gmail.com).

**Child and Youth Protection Requirements:**

**All adults present during the retreat MUST have completed the appropriate Child/Youth Protection program**. A statement from the Chartered Organization Representative on organization letterhead or copies of the certificates of completion must be provided no later than check-in. Adults affiliated with Catholic chartered units are encouraged to provide names of potential adult attendees to the registrars prior to the retreat to facilitate the onsite check-in and verification process. Please see the Catholic Committee on Boy Scouting Program Book or contact the registrars for more information.

**Camping:**

* We have promised the Mattaponi Retreat Center that as Scouts, we will “leave no trace”. It is imperative that all areas be left in the same or better condition than they were at our arrival. All trash must be packed out.
* Scouts will camp with their unit. Units will provide their own meals (other than Saturday Lunch and Dinner). No ground fires are permitted in camp sites. If weather conditions permit, units who have pre-registered requesting a trailer site will be permitted to tow the trailer to the assigned camp area, after which the vehicle must be immediately removed to the parking area. We will make all attempts to make the determination of whether or not vehicles may enter the campsite as early as possible and notify any units affected; however, it is possible the weather may not permit this decision until Friday, Sep 8th. We encourage units to “be prepared”.
* Only metal stakes will be permitted in sites, no wooden stakes or anything else that will damage the manor house grounds will be allowed.

**Other Helpful information:**

* Weather can be unpredictable, please remember rain gear, warm clothing and sunscreen may be necessary.
* Past attendees have found it helpful to bring a camp chair and flashlight or head lamp.
* Please label all items. Lost and Found will be located at the Registration Area.
* Attendees are encouraged to leave the electronics at home. If they are brought to the retreat, we ask they remain off except in case of emergency.
* Please refrain from activities that make noise, create odors, or in any manner detract during religious services/liturgies, Penance Service, Adoration, etc. This includes: cooking; games; and service projects.

**Medical Matters:**

* Attendees with prescriptions for inhalers, epi-pens, or other “rescue medications” are to keep these medications with them at all times during the weekend.
* Volunteers will be onsite to assist with health related emergencies. Care will be limited to basic first aid. No medications will be available from these volunteers.
* Attendees who require medical equipment (e.g., CPAP, nebulizers) must provide their own power (e.g., battery supply) for the devices. Vehicles may not be brought into the camping area to provide power.



**Tentative Schedule -** Units will be provided with final schedule at the retreat.

**Friday (8/8/17)**

5:00-8:30 PM Registration/Check-In (Optional) for those camping overnight.

 9:00-9:30 Informal Campfire and Evening Prayer

**Saturday (8/9/17)**

07:30 – 09:00 Registration

09:00 – 10:00 Opening Ceremonies / Rosary Walk / Joyful Mysteries Rosary Patch

10:00 – 10:55 Session One

12:30 – 1:45 Penance Service

12:00 – 1:00 Lunch

12:30 - 2:00 Chaplain’s Aide Training (register at check-in if attending)

1:00 – 2:00 Service Project

2:00 – 2:50 Via Crucis

2:50 – 4:00 Session Two

4:00 – 4:20 NCCS Patch St Peter Claver - Discussion/Earning

4:20 – 5:00 Which Way Do I Go? and Why do they do what they do?

5:00 – 5:45 Dinner

5:45 – 6:45 Session Three

7:00 -8:15 Closing Mass

8:15 - 9:30 Campfire Program

**Sunday (8/10/17)**

10:00 Break Camp (Optional for those camping overnight.)

**Questions:**

* Scout Units and Venturing Crews please contact Trish Walker (301-498-3071, walkerscouts@verizon.net) or Dottie Tamai (301-773-1995, dtamai14@gmail.com)
* Priests, Religious, and seminarians please contact Rev. Scott Woods (301-862-4600)
* Adults interested in helping before or during the retreat should contact Dick Stevick (dstevick@verizon.net)

|  |  |
| --- | --- |
| C:\Documents and Settings\Santa\My Documents\CCOS\Retreat\2012\Pictures\Santa\IMG_1810.jpg | ***Directions to the Retreat******About 1hr from Silver Spring MD******About 1 hr from Fairfax VA***I495 to Route 4 SouthRight on Croom Station RoadLeft on Croom Road,Left on St Thomas Church Road, Right on Mattaponi Road Retreat Center Entrance on your rightRegistration at the Fatima Shrine just inside the main gate. Camping/Activities will be near the Manor House.***Directions For GPSers***11000 Mattaponi Road, Upper Marlboro, MD |

Site Number:

 *For Retreat Registration Use*

***2017 CATHOLIC SCOUT RETREAT REGISTRATION FORM***

***(Please Print)***

Boy Scout / Trail Life USA / Girl Scout / American Heritage Girls / Camp Fire USA

 Unit \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ District: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Venturing Crews: Male youth \_\_\_\_\_ Female youth \_\_\_\_\_

 Unit is chartered to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Unit Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Position in the Unit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City, State Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Phone Number: Day:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Evening:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Cell Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Trailer site requested: Yes\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_

*Venturing Units please contact Dottie Tamai or Trish Walker before submitting this form.*

Estimated Number of Catholic attendees: Youth: \_\_\_\_\_ Adult: \_\_\_\_\_

 Estimated Number of Protestant attendees: Youth: \_\_\_\_\_ Adult: \_\_\_\_\_

Estimated Number of attendees of other faiths: Youth: \_\_\_\_\_ Adult: \_\_\_\_\_

Estimated Number of first time attendees: Youth: \_\_\_\_\_ Adult: \_\_\_\_\_

Estimated Number of attendees Camping: Friday: \_\_\_\_\_ Saturday: \_\_\_\_\_

Number of Youth attending Chaplain’s Aide Training: \_\_\_\_\_\_\_\_\_\_

Number of Adults attending Catholic Boy Scout Catholic Emblem Training: \_\_\_\_\_\_\_\_\_

Are all Adults compliant with the Arch/diocesan Child Protection Policy or BSA Youth Protection? \_\_\_

**Mail to:**

 **Dottie Tamai**

**2107 Kent Village Drive**

**Landover, MD 20785**

**(301) 773-1995**

**Or e-mail to:**

**Trish Walker**

**walkerscouts@verizon.net**

**301-498-3071**

**(e-mail deadline Aug 31, 2017)**

**Annual Catholic Scout Retreat 9 Sep 2017**

**Unit Roster for \_\_\_\_\_\_\_\_ at site \_\_\_\_\_**

**(submit on arrival to camp)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| *Youth Name* | H | O |   | *Youth Name* | H | O |   |
| 1 |  |  |  |  | 21 |  |  |  |  |
| 2 |  |  |  |  | 22 |  |  |  |  |
| 3 |  |  |  |  | 23 |  |  |  |  |
| 4 |  |  |  |  | 24 |  |  |  |  |
| 5 |  |  |  |  | 25 |  |  |  |  |
| 6 |  |  |  |  | 26 |  |  |  |  |
| 7 |  |  |  |  | 27 |  |  |  |  |
| 8 |  |  |  |  | 28 |  |  |  |  |
| 9 |  |  |  |  | 29 |  |  |  |  |
| 10 |  |  |  |  | 30 |  |  |  |  |
| 11 |  |  |  |  | 31 |  |  |  |  |
| 12 |  |  |  |  | 32 |  |  |  |  |
| 13 |  |  |  |  | 33 |  |  |  |  |
| 14 |  |  |  |  | 34 |  |  |  |  |
| 15 |  |  |  |  | 35 |  |  |  |  |
| 16 |  |  |  |  | 36 |  |  |  |  |
| 17 |  |  |  |  | 37 |  |  |  |  |
| 18 |  |  |  |  | 38 |  |  |  |  |
| 19 |  |  |  |  | 39 |  |  |  |  |
| 20 |  |  |  |  | 40 |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| *Adult Name* | (staff use only) | *Adult Name* | (staff use only) |
| H | O | Y |  | H | O | Y |
| 1 |  |  |  |  | 8 |  |  |  |  |
| 2 |  |  |  |  | 9 |  |  |  |  |
| 3 |  |  |  |  | 10 |  |  |  |  |
| 4 |  |  |  |  | 11 |  |  |  |  |
| 5 |  |  |  |  | 12 |  |  |  |  |
| 6 |  |  |  |  | 13 |  |  |  |  |
| 7 |  |  |  |  | 14 |  |  |  |  |

|  |
| --- |
| *Youth Names for Chaplain’s Aide Training*  |
| 1 |  | 2 |  |

All participants must have a copy of the appropriate medical form. All adults must provide evidence of completion of Arch/diocesan Child Protection program or BSA Youth Protection training at registration.

Catholic Committee on Scouting

Office of Youth Ministry/Catholic Youth Organization

Archdiocese of Washington

Release and Consent - Youth

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ the undersigned, give permission for my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to attend the 2017 Catholic Scout Retreat at the Our Lady of Mattaponi Youth Retreat Center. It is understood that reasonable caution will be taken by those persons in charge to prevent injuries. In consideration of my child’s being permitted to participate in the 2017 Catholic Scout Retreat; I personally, and on behalf of my child, hereby release the Catholic Committee on Scouting/The Archdiocese of Washington; Archbishop Donald Cardinal Wuerl, Roman Catholic Archbishop of Washington; a Corporation Sole: the Catholic Youth Organization (CYO) of Washington, DC and Metropolitan Area, Inc; the Office of Youth Ministry (OYM); the Our Lady of Mattaponi Youth Retreat Center; their employees; volunteers, the coordinators and chaperones of the Catholic Committee on Scouting; from any liability for injuries or damages arising or resulting from participation in the 2017 Catholic Scout Retreat. In the event that I cannot be reached, I hereby grant permission for my child to be evaluated, diagnosed, treated and/or medicated in accordance with standard medical practice by licensed medical personnel.

Permission is hereby granted to the Catholic Committee on Scouting, the Archdiocese of Washington, and the Our Lady of Mattaponi Youth Retreat Center to use the photographs, videography, and quotations of my son/daughter to assist in community awareness, educational efforts, and related public relations purposes, which may include brochures, posters, website and print media.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Legal Guardian signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Legal Guardian – PRINT NAME

Contact Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alternate Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Catholic Committee on Scouting

Office of Youth Ministry/Catholic Youth Organization

Archdiocese of Washington

Release and Consent - Adult

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ the undersigned, understand that reasonable caution will be taken at the 2017 Catholic Scout Retreat at Our Lady of Mattaponi Youth Retreat Center, by those persons in charge to prevent injuries. In consideration of being permitted to participate in the 2017 Catholic Scout Retreat; I personally, and on behalf of my family, hereby release the Catholic Committee on Scouting/The Archdiocese of Washington; Archbishop Donald Cardinal Wuerl, Roman Catholic Archbishop of Washington; a Corporation Sole: the Catholic Youth Organization (CYO) of Washington, DC and Metropolitan Area, Inc; the Office of Youth Ministry (OYM); the Our Lady of Mattaponi Youth Retreat Center; their employees; volunteers, the coordinators and chaperones of the Catholic Committee on Scouting; from any liability for injuries or damages arising or resulting from participation in the 2017 Catholic Scout Retreat. I hereby grant permission to be evaluated, diagnosed, treated and/or medicated in accordance with standard medical practice by licensed medical personnel.

Permission is hereby granted to the Catholic Committee on Scouting, the Archdiocese of Washington, and the Our Lady of Mattaponi Youth Retreat Center to use any photographs, videography, and quotations to assist in community awareness, educational efforts, and related public relations purposes, which may include brochures, posters, website and print media.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attendee Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRINT NAME

Contact Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alternate Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_