

# Phong Trào Thiếu Nhi Thánh Thể Việt Nam Tại Hoa Kỳ

The Vietnamese Eucharistic Youth Society in the USA

## Đoàn Chúa Hải Đông – TNTT thuộc Miền Tây Bắc

1230 E Fir Street Seattle, WA 98122 - Tel: 206-325-5626 Ext. 37

www.chuahaidong.org

### THÔNG BÁO

Kính gửi quý vị Phụ Huynh,

Hàng năm, Tòa Tổng Giáo Phận Seattle tổ chức ngày Giới Trẻ cho toàn giáo phận. Đây là dịp để các giới trẻ gặp gỡ, học hỏi, chia sẻ, và cùng dâng thánh lễ với Đức Tổng. TNTT Miền Tây Bắc & Nhóm Giới Trẻ Seattle cùng nhau tổ chức cho giới trẻ trong Giáo Xứ, từ 14 tuổi trở lên, đi thăm dự ngày Giới Trẻ này.

TNTT Miền Tây Bắc cũng nhân cơ hội này, tổ chức luôn những sinh hoạt phụ trội để tất cả các em TNTT trong miền có cơ hội gặp gỡ sinh hoạt chung với nhau, và cùng chuẩn bị và đi tham dự ngày Giới Trẻ.

**Thời gian:** Từ 7pm thứ Sáu (11/4) cho đến 3:30pm Chúa Nhật (11/6)

**Địa Điểm:**

- Sinh Hoạt dành riêng cho TNTT sẽ được tổ chức tại nhà thờ Our Lady of Lourdes, 10240 12<sup>th</sup> Ave S, Seattle, WA 98118
- Chương trình Đại Hội sẽ diễn ra tại trường Bellevue College, 3000 Landerholm Circle SE, Bellevue, WA 98007

**Lệ Phí:** \$35.00 mỗi em nếu mà đơn đăng ký nộp vào trước khi giới hạn (checks payable to Vietnamese Martyrs Church)  
\*\*\* Đoàn Chúa Hải Đông sẽ reimburse thêm \$15 sau convention \*\*\*

	Form	Deadline
<b>Registration Process</b>	1. Register yourself online: <a href="http://www.regonline.com/Register/Checkin.aspx?EventID=1012455">http://www.regonline.com/Register/Checkin.aspx?EventID=1012455</a>	<b>Oct. 21 @ 5PM</b>
	2. Convention Registration Form & money	<b>Oct. 23 @ 6PM</b>
	3. Đơn Chấp Thuận cùng đi với Đoàn (TNTT permission form)	
	4. Archdiocese Written Consent Form	
	5. Scholarship Application Form	
	6. Nếu quý PH giúp HT đưa đón các em được, xin điền đơn Driver Information Sheet	

**Chuyên chở:** Chuyên chở khoảng giữa từ Our Lady of Lourdes đến Bellevue College sẽ do các HTs giúp khi có sự đồng ý của Phụ Huynh. Hoặc là, quý PH có thể tự túc đưa đón các em.

**Liên Lạc:**

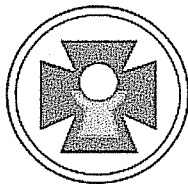
- Tr. Hiếu (206) 383-5994, [selenahieu@gmail.com](mailto:selenahieu@gmail.com)
- Tr. Grace (206) 697-7427, [gnguyen86@gmail.com](mailto:gnguyen86@gmail.com)

Cha Tuyên Ủy

Francis Nguyễn Sơn Miên

Đoàn Trưởng

Têrêsa Ngô Ngọc Hiếu



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## CHƯƠNG TRÌNH

<b>Friday, Nov 4</b>	
07:00PM	Tập họp tại Our Lady of Lourdes, 10240 12 <sup>th</sup> Ave S, Seattle, WA 98118 • ăn tối • sinh hoạt kết thân • praise & worship • Châu Thánh Thể
<b>***Xin quý phụ huynh đưa con em mình đến Our Lady of Lourdes đúng 7:00 PM***</b>	
<b>Saturday, Nov 5</b>	
08:00AM	Tập họp tại trường Bellevue College, 3000 Landerholm Circle SE, Bellevue, WA 98007
09:00AM	General Session I
10:15AM	Prayer Experience I
11:15AM	Workshop I
12:00PM	Lunch Break
01:30PM	General Session II
03:00PM	Prayer Experience II
04:00PM	Workshop II
05:15PM	General Session III
06:30PM	Dinner Break
08:00PM	Saturday Night Entertainment
10:30PM	Trở về Our Lady of Lourdes để nghỉ đêm
<b>Sunday, Nov 6</b>	
08:00AM	Tập họp tại trường Bellevue College
09:00AM	General Session IV
10:15AM	Workshop III
11:30AM	Mass with Bishop Tyson
01:00PM	Lunch Break
02:00PM	General Session V
<b>*** Xin quý phụ huynh đón con em mình về tại trường Bellevue College đúng 3:30 PM***</b>	

### -----DISCOUNT PRICING BREAKDOWN-----

+ \$70.00	Registration Fee (Must be registered online before Oct.21)
+ \$ 5.00	Food fee
- \$ 20.00	Scholarship discount (Must turn in scholarship form)
- \$20.00	Parish match to scholarship
<b>= \$35.00</b>	<b>Check made payable to Vietnamese Martyrs Church</b>
*** Đoàn Chúa Hải Đông will reimburse you \$15 <b>after</b> the convention *** (Đoàn only reimburses those who attend the convention – It's your responsibility to Check-In/Check-Out so we know you were there!!)	

The Office for Youth and Young Adult Ministry of the Archdiocese of Seattle & the Youth Convention Planning Team  
PRESENT

## Catholic Youth Convention 2011

# Are You Ready?

# Prepare for the Journey

November 5-6 @ Bellevue College

Please register only one person per form. To receive discounts on your registration fee, you **MUST** register yourself online by 5PM Friday, October 21. Then turn in this form to Tr. Grace by 6PM Sunday, October 23.

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

Parent's Name: \_\_\_\_\_

Parish or School (include City): \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Grade: \_\_\_\_\_

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

Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_ Male  Female

Parent or guardian of the participant: Your signature below indicates approval of the following: My child has permission to take part in this event. In case of emergency, she/he may be treated by a doctor. I also consent for the Archdiocese of Seattle to use photographs and videos taken of my child, whose name appears in this registration, for promotional purposes.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Write down the Workshop number of your 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> choices for each session. We will attempt to assign your first choice when possible. Workshops can be found online at <http://www.regonline.com/Register/Checkin.aspx?EventID=1012455>

Saturday Morning Workshop:

1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_

Saturday Morning Prayer Experience

1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_

Saturday Afternoon Workshop:

1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_

Saturday Afternoon Prayer Experience

1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_

Sunday Morning Workshop:

1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_

**T-shirt size** (registration must be received in OYYAM by 5:00 pm on October 21<sup>st</sup> in order to guarantee a t-shirt)  
(If no size selected, you will receive an adult large) Small  Medium  Large  XL  XXL  (for sizes over XXL add \$2.50)

### Normal Registration Fee

October 21: \$70.00

October 22 - November 2: \$80.00 (t-shirts are not guaranteed)

After 5:00 pm on November 2: \$90.00 (will not get a t-shirt)

### \*\*\*Discounted registration Fee: \*\*\*

October 21: \$35.00

(If you register late, you do not qualify for this discount. See normal registration fee)

Make checks payable to: Vietnamese Martyr Church

### OFFICE USE:

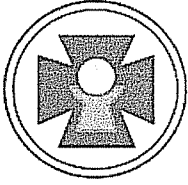
Date received: \_\_\_\_\_

Scholarship: \$ \_\_\_\_\_

Parish Match: \$ \_\_\_\_\_

Total Due: \$ \_\_\_\_\_

Initial: \_\_\_\_\_



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### ĐƠN CHẤP THUẬN

**Event/Program:** Archdioceses of Seattle & TNTT – Bellevue Youth Convention (Overnight Event)

**Location:** Our Lady of Lourdes, 10240 12<sup>th</sup> Ave S, Seattle, WA 98118  
Bellevue College, 3000 Landerholm Circle SE, Bellevue, WA 98007

**Date(s):** 7:00PM Friday, Nov.4 – 3:30PM Sunday, Nov.6, 2011

**Fee:** \$35/each

**Select your package:**

**TNTT Overnight Package - Friday through Sunday**

- ✓ Tôi cho phép con em ngủ lại ở Our Lady of Lourdes Thứ Sáu & Thứ Bảy
- ✓ Tôi cho phép con em được tham dự Youth Convention chung với Đoàn Chúa Hải Đông & MTB.
- ✓ Tôi sẽ đưa con em tôi đến Our Lady of Lourdes lúc 7PM ngày Thứ Sáu, đón con em về ngày Chúa Nhật lúc 3:30pm tại trường Bellevue College. Những chuyến chờ lui tới giữa 2 địa điểm sinh hoạt, tôi đồng ý theo sự sắp xếp của quý HTs phụ trách.

**Convention Only Package – Saturday & Sunday**

- ✓ Tôi cho phép con em được tham dự Youth Convention chung với Đoàn Chúa Hải Đông & MTB.
- ✓ Tôi sẽ tự chuyên chở con em tôi đến tất cả nơi sinh hoạt.

**Student Information:**

Participant's Name	Ngành	Cấp
Parent's Name	Phone Number:	
Emergency Contact Name	Phone Number	
<i>Student's</i> Cell Phone Number		

**Medical Information:**

Allergic reactions (medications, foods, plants, insects, etc):
Other medical conditions we should be aware of:
Current medications & dosage:

**Waiver:**

Tôi xin phép cho con tôi được tham gia kỳ trại hè này. Chấp thuận cho Đoàn Chúa Hải Đông Seattle, khi không có sự hiện diện của tôi, được đưa em vào nhà thương khi em bị bất cứ tai nạn nào có thể nguy hiểm đến tính mạng.

I hereby grant permission for my child to participate in event listed above. In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor.

Chữ ký của phụ huynh: \_\_\_\_\_ Date: \_\_\_\_\_

# Written Consent Form

## PARTICIPANT INFORMATION

Full name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Age: \_\_\_\_\_ Grade/School: \_\_\_\_\_ Home phone #: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_  
Parent/Guardian name(s) (please print): \_\_\_\_\_

## PARENTAL AUTHORIZATION

Dear Parent or Legal Guardian:  
Your son/daughter/individual under your guardianship is eligible to participate in an activity that requires transportation away from the parish site.  
This activity will take place under the guidance and direction of parish/school staff from \_\_\_\_\_  
Name of parish/school

## DESCRIPTION OF ACTIVITY

Event: \_\_\_\_\_  
Location: \_\_\_\_\_  
Person in charge: \_\_\_\_\_  
Date of event: \_\_\_\_\_ Time of departure: \_\_\_\_\_  
Date of return: \_\_\_\_\_ Time of arrival: \_\_\_\_\_  
Mode of transportation to/from event: \_\_\_\_\_

If you desire your son/daughter/individual under your guardianship, to participate in this particular event, please complete, sign and return the following statement of consent and release of liability by \_\_\_\_\_. (date)

I hereby consent to participation by \_\_\_\_\_, my son/daughter/individual under my guardianship, in the event described above. I fully understand that this event will take place away from the parish grounds and that my child will be under the supervision of the designated staff and/or volunteers on the stated dates. I understand that such an undertaking involves an element of risk. I assume all risks and hazards incidental to such participation and do hereby release, absolve, indemnify, and agree to hold harmless the Corporation of the Catholic Archbishop of Seattle, staff, volunteers, and drivers from any and all liability that may arise out of participation in this activity. I also give consent for emergency medical treatment if necessary. I do request that, if possible, I be contacted prior to treatment. As parent/legal guardian, I remain fully responsible for any legal responsibility which may result from any personal actions taken by the named participant. Finally, my child and I have read and understand fully the attached Code of Behavior for Youth Participants in Events and Activities sponsored by the Catholic Archdiocese of Seattle.

I consent further to the conditions stated above, including the method of transportation.

Parent's/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone #: Day: \_\_\_\_\_ Night: \_\_\_\_\_

Alternate Emergency Contact: \_\_\_\_\_

Telephone #: Day: \_\_\_\_\_ Night: \_\_\_\_\_

Allergies or Medical Concerns: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Doctor's name: \_\_\_\_\_ Doctor's Phone #: \_\_\_\_\_

Archdiocese of Seattle  
Office of the Vicar for Clergy  
Vietnamese Ministry

**Catholic Youth Convention 2011 Scholarship Application**

The Vietnamese Ministry of the Archdiocese of Seattle has a \$20.00 scholarship available to assist Vietnamese youth with registration fee for the Catholic Youth Convention 2011.

- Participants must be actively involved in parish, faith community or school faith formation programs.
- Parishes are encouraged to match the scholarship amount.

Return your completed form to your Coordinator by **10/23/11. One person per form**

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

Parent's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Grade: \_\_\_\_\_

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

Birthday: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Male  Female

Parish or School (include City): \_\_\_\_\_

Your Parish ID: \_\_\_\_\_ Youth Coordinator: \_\_\_\_\_

**OFFICE USE:**

**Cost : regular registration \$70.00**

Scholarship: \$20.00

Parish Matching: \$ \_\_\_\_\_

Participant Fee: \$ \_\_\_\_\_

**Total Due** \$ \_\_\_\_\_

**Parent or guardian of the participant:** Your signature below indicates approval of the following: Your family needs financial support with registration fee for your child to take part in this event. I also consent that my child meets all the scholarship requirement above.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Pastor/Priest of the participant:** Your signature below indicates your approval and the parish will match \$20 for this participant.

Pastor/Priest Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return form to your parish Youth Convention Coordinator**

# Driver Information Sheet

## I. DRIVER

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Social Security #: \_\_\_\_\_

\_\_\_\_\_ Phone #: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Date of expiration: \_\_\_\_\_

## II. VEHICLE THAT WILL BE USED

Name of owner: \_\_\_\_\_ Model of vehicle: \_\_\_\_\_

Address of owner: \_\_\_\_\_ Make of vehicle: \_\_\_\_\_

\_\_\_\_\_ Year of vehicle: \_\_\_\_\_

License Plate #: \_\_\_\_\_ Date of expiration: \_\_\_\_\_

Registration exp. date: \_\_\_\_\_

## III. INSURANCE INFORMATION

(A privately-owned vehicle is covered by its own insurance policy.)

Insurance company: \_\_\_\_\_

Policy #: \_\_\_\_\_

Date of policy expiration: \_\_\_\_\_

Liability limits of policy\*: \_\_\_\_\_

\*Note: The minimal acceptable liability limit for privately-owned vehicles is \$100,000 per person/\$300,000 per occurrence.

## IV. CERTIFICATION

*I certify that the information given on this form is accurate to the best of my knowledge. I understand that as a volunteer driver, I must be at least 21 years of age, possess a valid Washington State driver's license, have the current license and vehicle registration, and have the required insurance coverage in effect on any vehicle used to transport youth.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*\* Please return this form to the parish leader of this event. Please retain this form at the parish.