

Sr. High Mission Trip 2008

Date: June 8-14th

Location: Twin Cities

Pre-register by: February 1, 2008

Trip Cost: \$325

Fundraising Available!!

Trip prepared by: Catholic Heart Workcamp

Minneapolis and St. Paul, collectively referred to as the Twin Cities, are best known for their rich natural environment. It is home to a large immigrant refugee population. The Twin Cities area is host to the largest "Among" community in the world outside of Asia and the largest Somali population in the United States, most of whom are immigrant refugees. Like many other metropolitan areas, concentrated pockets of the Twin Cities area continue to experience problems with poverty, unemployment, and underemployment. Working with the numerous social service agencies located throughout Minneapolis and St. Paul, CHWC Twin Cities will strive to serve these needy individuals of the Twin Cities metro and suburban area through housing rehabilitation and beautification, service in soup kitchens and food shelves, and ministry in social service agencies.



What will this Mission trip offer?

- Opportunity to:
- Make a difference by helping others through organized and meaningful service projects
 - Learn more about what it means to be a Catholic
 - Participate in praise and worship music that rocks
 - Interact with other Catholic young people throughout the country
 - Witness your faith to others
 - Laugh, dance and have fun
 - Do more than listen to a lecture
 - Enhance your resume and college application
 - Put your faith into action

And MUCH, MUCH MORE!!

Return form and \$75.00 Non-Refundable deposit to:

Sacred Heart Parish
 Family Ministry
 111 4th ST NW
 Waseca MN 56093

Phone: 507-835-1500
 Email: kristnsh@hickorytech.net
 Contact Name: Kristin Strand

Name _____
 Address _____
 Phone _____
 T-shirt Size: S M L XL

2008 Sr. High Mission Trip Registration Form
 I hereby release Sacred heart Parish and staff, and the Diocese of Winona from any and all injuries resulting from this activity. Parent or guardian acknowledges that no medical/dental insurance is afforded by Sacred Heart Parish for the participants in this activity.

Participant's Signature _____ Date _____
 Signature of Parent _____ Date _____

