

# Vianney Visit



FOR YOUNG MEN  
AGES 16-22

**FEBRUARY 15-17, 2024**  
**ST. PAUL, MINNESOTA**



**Spend a winter weekend  
developing your prayer life and  
trust in God's plan for you**

#### WHY VISIT THE SEMINARY?

- Meet current seminarians
- Learn more about the life of a seminarian
- Time for prayer and discernment
- Attend classes and hear inspiring talks
- Discern God's will for you
- Meet other young men from Joliet discerning God's will in their lives

#### WHAT SHOULD I BRING?

- Sleeping bag and pillow
- Personal toiletries
- Dress clothes for Mass
- Gym clothes for open gym
- Bible, rosary, spiritual reading
- Personal spending money

#### SEMINARY VISIT SCHEDULE

##### Thursday, February 15

8:15 a.m. Pick up at Chesterton Academy in Lisle (5205 Kingston Avenue)  
4 p.m. Arrive at SJV Seminary Welcome, Mass, Introductory Talks

##### Friday, February 16

- Holy Hour and Mass
- University Tour
- Talks/Meals/Time With Seminarians
- Attend Classes

##### Saturday, February 17

9 a.m. Leave SJV for Joliet  
4 p.m. Arrive at Chesterton Academy in Lisle

#### Questions?

Debbie Camp  
(815) 221-6171  
[vocations@dioceseofjoliet.org](mailto:vocations@dioceseofjoliet.org)

**DIOCESE OF JOLIET**  
Office of Vocations



#### St. John Vianney College Seminary Visit Registration

☐ I will attend the visit to St. John Vianney College Seminary in St. Paul, Minnesota on February 15-17, 2024.

Name \_\_\_\_\_

Birthdate \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address \_\_\_\_\_

Parish \_\_\_\_\_

Phone \_\_\_\_\_

Grade in school \_\_\_\_\_

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

School \_\_\_\_\_

Please include the name and phone number and relationship of the person who will be transporting you to and from drop off point:

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**Return this form no later than February 5 to the Vocations Office: [vocations@dioceseofjoliet.org](mailto:vocations@dioceseofjoliet.org)**

Blanchette Catholic Center, Vocations Office, 16555 Weber Road, Crest Hill, IL 60403

There is no cost for this trip. The Diocese of Joliet will provide all meals and transportation.



**DIOCESE OF JOLIET VOCATION OFFICE**  
**ST. JOHN VIANNEY SEMINARY TRIP**  
**PARENTAL/GUARDIAN PERMISSION FORM**  
(Required of all participants under 18 years old)

I hereby give permission for my child, \_\_\_\_\_, to participate in the trip to **St. John Vianney Seminary in St. Paul, Minnesota from February 15-17, 2024**, with the designated chaperone.

Authorization and permission is hereby given to the Diocese of Joliet to furnish any necessary transportation, food and lodging for my child. I hereby release and indemnify the Vocations Office, its staff, volunteers, and the Diocese of Joliet, from any and all liability arising from claims of any kind or nature whatsoever from my child's participation in this event.

I further agree to hold harmless and indemnify the Diocese of Joliet, its directors, employees and agents, for any liability sustained by the diocese as the result of the negligent, willful or intentional acts of my child, including expenses incurred attendant thereto.

Student Name \_\_\_\_\_  
(Signature of Parent/Guardian)

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ School Name \_\_\_\_\_ Yr. in School \_\_\_\_\_

Student Email \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
(Phone Number)

☐ Yes, I authorize future events to be emailed to me at \_\_\_\_\_.  
(Parent's Email)

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**MEDICAL PERMISSION FORM**

I grant permission for the administration of first aid to \_\_\_\_\_  
(Student's Full Name)

BY THE PEOPLE IN CHARGE OF THE ABOVE-REFERENCED EVENT OR PROGRAM as their judgement deems advisable, and to make the necessary referrals to qualified physicians for treatment of illness or accidents of a more serious nature. I understand that I will be promptly notified in the event of any serious illness or accident prior to any major surgery, except when delay in such communication would endanger life. In case of medical emergency, I understand that every effort will be made to contact the parents/guardian of the participant. In the event I cannot be reached, I hereby give permission to the physician selected by the adult staff to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery if deemed as necessary for my child.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Parent's Email \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_

Medication/medical condition that chaperones should be aware of \_\_\_\_\_

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**INSURANCE INFORMATION**

Policy in Name of \_\_\_\_\_ Policy No. \_\_\_\_\_

Insurance Company Name \_\_\_\_\_

Please Send Completed Form To:

[Vocations@dioceseofjoliet.org](mailto:Vocations@dioceseofjoliet.org) **OR**

Blanchette Catholic Center, Vocations Office, 16555 Weber Rd., Crest Hill, IL 60403