



Dominican Sisters of Mary, Mother of the Eucharist
5505 East State Highway 29
Georgetown, TX 78626

***** ALL 16 OR 17 YEAR OLD YOUNG WOMEN WHO WISH TO MAKE A VOCATION DISCERNMENT RETREAT WITH OUR COMMUNITY MUST HAVE THIS FORM COMPLETED AND RETURNED VIA POST OR EMAIL (in pdf form) BEFORE THE RETREAT. THANK YOU AND GOD BLESS YOU! *****

Dear Dominican Sisters of Mary, Mother of the Eucharist:

I, (Parent's Name) _____, certify that I am the
parent/guardian of (Daughter's Name) _____, and hereby grant
permission for my daughter to attend the Dominican Sisters of Mary, Mother of the Eucharist
Vocation Discernment Retreat on (retreat date) _____, in
Georgetown, Texas. I understand that my daughter will be attending a retreat with adults and the
Sisters present.

Signature of Parent or Guardian:

Date: _____

I can be reached at the following phone number: _____

My email is: _____

My mailing address is:

Are there any health concerns we should be aware of? Please realize that the retreatant is expected to care for herself. She may have needs for which we are not able to accept her to our retreats.