



## Altaration Information Page

**Who can participate:** Boys and Girls who were in 8<sup>th</sup> grade this year or are going into 6<sup>th</sup>, 7<sup>th</sup>, or 8<sup>th</sup> grade during the 2018-2019 school year.

**Dates:** Monday June 25<sup>th</sup> - Thursday June 28<sup>th</sup>, 2018

**Time:** 6:30 p.m. - 8:30 p.m.

**Location:** Holy Spirit Family Center JPll Room

**Registration and Fee:** The cost for the program is \$20 per student. A Registration Form is available after this Information Page. If you would like your child to participate in this program, please complete the Registration Form and return it, along with payment, to the Faith Formation Office.

**Program Content:** Teens today are surrounded by distractions: music fills their ear buds, while tweets and posts are constantly checked and updated. They have been conditioned to fill any void or silent moment with noise and stimulation. So instilling an appreciation and enthusiasm for the Mass can be a challenge. Altaration: The Mystery of the Mass Revealed is a new five-part study on the Mass for teens that features powerful cinematography, inspiring presenters, and engaging workbook resources. Altaration uses humor, stories, and small group discussion to capture your teen's attention and instill in them a deep and lasting love for the Mass.

**Questions:** This program is being offered through the Faith Formation Office, with the cooperation of Dan Chavarria. If you have any additional questions, please contact the Faith Formation Office at (210) 341-1397 or email Dan at [danchavarria@holyspiritsa.org](mailto:danchavarria@holyspiritsa.org)



***Holy Spirit Catholic Church***  
***Altaration***  
**Registration Form**

**Family Information**

Parents' Names: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

**Phone Numbers**

Home: \_\_\_\_\_  
Dad's Cell: \_\_\_\_\_ Mom's Cell: \_\_\_\_\_  
Dad's Work: \_\_\_\_\_ Mom's Work: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**Student Information**

Student's Name: \_\_\_\_\_  
Medical Information (Allergies, etc.): \_\_\_\_\_  
\_\_\_\_\_

**Emergency Contact** *(In the event parent cannot be reached)*

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

Registration Fee Collected: \_\_\_\_\_