



"Mass and Mingle"

9th Annual Girl Scout Mass

COVID MESSAGE - We will be following the current CDC and Girl Scout rules as of that date for social distancing and mask wearing.

Date: Sunday, October 17, 2021
Time: 2:00 p.m.
Place: St. Martin of Tours Church
37 Union Avenue, Amityville, NY 11701

All Girl Scouts are invited to attend, either with their troop or individually with their families. Tag-alongs are welcome. The Annual Girl Scout Mass fulfills the Sunday Mass obligation. Participants are responsible for their own transportation.

Activities after the Mass include the requirements to earn the diocesan St. Agnes and Divine Mercy patches and the GSUSA My Promise, My Faith recognition pins. Program patches will be available for purchase at \$2.00 each and the GSUSA MPMF pin is \$4.00

If attending as a troop/group, return permission slip to your leader. Leaders: Adult coverage needed as per GSUSA Volunteer Essentials. If attending with your family, no permission slip is needed.

TRAINING FOR ADULTS WILL BE AVAILABLE AFTER THE MASS FOR THOSE WORKING WITH GIRLS ON THE REGINA COELI, I LIVE MY FAITH, MARIAN, ST. AGNES, SPIRIT ALIVE AND MISSIO AWARDS (grades 4-12). PLEASE REGISTER FOR TRAINING AT gsdrvc@gmail.com.

- All Catholic Religious Awards and Medals will be on display.
- Parish Coordinator and Girl Scout Re-Dedications.
- The Girl Scout uniform for girls and adult members is always appropriate.
- FOR FURTHER INFORMATION contact the GS Catholic Committee at gsdrvc@gmail.com.

I give permission for (Girl's Name) _____ Troop # _____

to participate in the 9th Annual Girl Scout Mass at St. Martin of Tours Church, 37 Union Ave., Amityville, NY on Sunday, October 17, 2021 from 2:00-3:00 p.m. and the reception and activities following the Mass in the school cafeteria.

I shall allow her to attend only if she is in good physical condition at the time of the event. I shall be responsible for meeting her on time at the end of the event.

In case of illness or injury, the adult in charge will make every effort to contact me, or the emergency adult listed below. If I cannot be reached, you have my permission to take my child to a doctor or hospital by whatever means of transportation is available. I hereby authorize the doctor or hospital to administer whatever emergency medical treatment is, in the opinion of the doctor, needed.

Please *print* name and telephone number:

Parent/Guardian _____ Telephone _____

Emergency Adult _____ Telephone _____

Child's Physician _____ Telephone _____

Parent/Guardian Signature _____ Date _____