



**Steubenville East**  
**July 26 – 28, 2024**  
**Mass Mutual Center, Springfield, MA**  
**Accommodations at Fairfield Inn & Suites, Enfield, CT 06082**

## **Calling all youth in grades 8-12!**

In our ever-changing world, Jesus is the answer to the longing of our hearts for meaning, fulfillment, security, and love. Join hundreds of Catholic teens at Steubenville East in Springfield, MA from July 26-28, 2024 to experience the peace of Jesus Christ, who brings everything into the light. All current 8th graders through graduating seniors are invited to attend this retreat with St. Philip.

## **What is Steubenville East?**

The Steubenville Youth Conferences, an outreach of Franciscan University of Steubenville, are a series of 20 conferences across the U.S. that help over 50,000 teens encounter the love of Christ every summer. Their mission is to build the Church by evangelizing, equipping, and empowering teens to become radical and joyful disciples. The Conferences include engaging talks, amazing music, Mass, Confession and Adoration.

Through an energetic and welcoming atmosphere, these conferences aim to lead the young church into a life-changing experience with the love of God. Attending a Steubenville Conference will bring your teens face to face with the relevant proclamation of the Gospel, authentic moments of worship and prayer, and above all, a tangible encounter with Christ in the Sacraments.

## **2024 Theme: Illuminate**

“The light shines in the darkness, and the darkness has not overcome it.” – John 1:5

Illuminate Theme Promo Video:

<https://www.youtube.com/watch?v=pqKdkLvSmPA>

## Registration Process

There are several steps to complete your registration:

1. Fill out the [ONLINE Registration Form](#).
2. Fill out the [Permission Slip](#) (below) for St. Philip's.
3. Turn in your [Permission Slip](#) and Non-Refundable Deposit of \$150 (written to St. Philip Church) by Feb. 5th.

## Payment Info

Do NOT let the cost prohibit you from attending. We do not turn anyone away! There will be many opportunities for Fundraising and Sponsorships to those in need of assistance.

- Total is \$550.
- \$150 Deposit with [Permission Slip](#) Due by February 5, 2024.
- Additional payments of \$100 due on the 1st of March, April, May and June.
- Please submit a [Financial Aid Form](#) if you need assistance. No one will be turned away!
- Cost includes conference registration, shared hotel room, transportation, 3 T-Shirts, breakfast all 3 days, dinner and late-night meal on Friday & Saturday nights, Lunch on Saturday & Sunday.

## What to Bring

- Bagged LUNCH for Friday to eat when we get to the hotel
- Carry-On Size Luggage or Bag (No large luggage - it's just a weekend)
- 3 T-Shirts Provided (unaltered in any way): 2 packed, 1 wearing Friday
- Shorts, pants, skirts (Shorts must have at least 4" in-seam, No ripped clothes or leggings)
- Pajamas
- Bathing Suit (Girls - must be one-piece or 2-piece tankini with no midriff showing)
- Sweatshirt (tends to be cold in Mass Mutual Center)
- Good walking shoes
- Toiletries
- A backpack/small bag to carry necessities to the conference
- Snacks for the weekend (coordinate with your roommates)
- Refillable Water bottle
- Sunblock
- Notebook & Pen
- Games, Ball, Frisbee or book for down time/breaks
- Spending money – Food Concessions plus Additional T-Shirts, Music & Swag are available to purchase.
- Prescription medicines (should be kept in their original containers).
- Kneeling Pad (provided by St. Philip's to borrow for the weekend)
- Camera - separate from cell phone.

## What Not to Bring

- Cell Phones or electronic devices of any kind (bags will be checked when you arrive).
- Nonprescription drugs or alcohol of any kind
- Valuables of any kind
- Tobacco Products of any kind

## Important Safety Info

- Emergency contact information for all chaperones will be provided to parents.
- Chaperones house separately from kids (same floor, different rooms).
- All Chaperones & Volunteers have been Safe Environment Certified (BCI checked, etc.).
- No unregistered guests are allowed into any sessions or masses.
- Housing is divided by girls and boys on separate floors.
- Chaperones will accompany youth to all sessions/meals.
- No early departures from the conference are permitted.
- All participants must travel with the group to and from the conference.

## Schedule At a Glance

### Friday, July 26, 2024

8:00 am	Send-Off Mass at St. Philip for Youth and Parents
8:30 am	Check-In: School Library, Donuts, Pack Vehicles
9:30 am	Depart St. Philip Church
11:00 am	Arrive at Fairfield Inn & Suites (1 Bright Meadow Blvd. Enfield, CT 06082) Eat Lunch, Swim, Games, Free-Time.
3:00 pm	Check-In to Rooms
4:30 pm	Leave for Mass Mutual Center
4:45 pm	Mass Mutual: Dinner, Conference, Small Groups, Confessions, Late Night Pizza
10:45 pm	Leave for Hotel
11:00 pm	Back in Rooms for the Night

### Saturday, July 27, 2024

7:30 am	Breakfast at Hotel
8:30 am	Leave for Mass Mutual Center
9:00 am	Mass Mutual for the Day: Conference Sessions, Mass, Free Time, Small Groups, Lunch, Dinner, Late Night Pizza, Adoration, Marketplace
10:45 pm	Leave for Hotel
11:00 pm	Back in Rooms for the Night

### Sunday, July 28, 2024

7:00 am	Rooms Packed Up & Clean – Breakfast
8:30 am	Leave for Mass Mutual Center
9 am	Conference Sessions, Mass
12:30 pm	Depart Mass Mutual
1:00 pm	Stop for Lunch & Small Groups
3:30 pm	Arrive back at St. Philip Church

## Steubenville Youth/Chaperone Preparation Event

### Date: TBD for July

- Meet your roommates
- Meet your chaperone and small group
- Get your T-Shirts

Contact us if you have any questions: Victoria Allienello [youth@saintphilip.com](mailto:youth@saintphilip.com) 401-575-2049 or  
Veronica Plante [reled@saintphilip.com](mailto:reled@saintphilip.com) 401-949-0330



**PARENT/LEGAL GUARDIAN PERMISSION SLIP AND INDEMNITY AGREEMENT**

Your son/daughter is eligible to participate in a youth ministry sponsored activity that requires permission. This activity will take place under the guidance and supervision of employees/volunteers from the Parish of Saint Philip, the Catholic Youth Organization of the Diocese of Providence and the Roman Catholic Bishop of Providence. A brief description of the activity is as follows:

**Type of Activity:** High School Youth Retreat  
**Description:** Steubenville East Summer Youth Conference  
Mass Mutual Center  
**Date & Time of Activity:** Friday, July 26, 2024 – Sunday, July 28, 2024  
Meeting 8:00 AM, St. Philip Parish, Friday 7/26  
Return to Parish Center ~3:00 PM on Sunday, 7/28  
**Method of Transportation:** Vehicles  
**Total Cost:** \$550.00 per participant

I would like my child, \_\_\_\_\_, to participate in this youth ministry sponsored activity. As parent or legal guardian, I agree to defend and fully indemnify the Parish of Saint Philip, the Catholic Youth Organization of the Diocese of Providence and the Roman Catholic Bishop of Providence against any claim which may result from any personal actions taken by my child/ward. As parent or legal guardian, I further agree to fully indemnify and hold harmless the Parish of Saint Philip, the Catholic Youth Organization of the Diocese of Providence and the Roman Catholic Bishop of Providence which took place during the above-identified activity, which is related to that activity, if that claim or cause of action is brought by my child or their parent/legal guardian.

I hereby consent to participation by my above-named child in the activity described above. I certify that I have an understanding of this agreement and the activity described above that my child will be participating in. I further understand that I had the opportunity to fully discuss the above-named activity and this agreement with a representative of this agency to clarify any concerns or questions about the activity or this agreement that I may have had.

\_\_\_\_\_  
**Parent/Legal Guardian Signature**

\_\_\_\_\_  
**Date**

**Parent Name Printed:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone Numbers: (H)** \_\_\_\_\_ **(C)** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Child's Allergies/Health Concerns:** \_\_\_\_\_

**EMERGENCY MEDICAL TREATMENT:** In the event of any emergency, I give permission to transport my child to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_