



Breakfast with Santa

Hosted by
St. Mary of the Knobs Hospitality In Service (H.I.S.) Ministry

You are invited to a celebration for Special Needs persons, their care givers, and family. Come dressed for Christmas for a morning of fun and fellowship which includes music, food, activities and SANTA.

Saturday, December 7, 2019 10:00am—12:00 noon
St. Mary of the Knobs, 5719 Saint Mary's Road, Floyds Knobs, IN 47119
Assumption Hall, Door 6



****Persons must be accompanied by a parent or guardian****

Please RSVP to Kim Kruer, 812-923-9322, or 502-338-0592(cell) by December 1st

Please leave a message if there is no answer

The form below must be signed and mailed to H.I.S. Ministry

5719 St. Mary's Road, Floyds Knobs, In. 47119

one week before the event.



Name _____

Address _____

Parent/Guardian Name(s) _____

Phone Number(s) _____

Emergency Number _____

Allergies or other known disorders, disabilities, etc. _____

Doctor's Name _____ Phone _____

Activities to be avoided _____

Dietary restrictions _____

Hospital of choice, in case of an emergency _____

For Parents/Guardian: I give my permission for my special needs person to take part in this event sponsored by St. Mary of the Knobs Catholic Church and or St. Mary's H.I.S. Ministry program. In consideration of the opportunity for him/her to participate, and fully recognizing that such an undertaking involves an element of risk, I assume all risks and hazards incidental in such participation and do hereby release, absolve, indemnify, and agree to hold harmless the Archdiocese of Indianapolis, St. Mary of the Knobs Catholic Church, it's agents, employees and officers, chaperones, leaders, organizers, and sponsors. Neither the Archdiocese of Indianapolis, St. Mary of the Knobs Catholic Church, nor any said persons shall be held financially responsible for any illness, injury, nor death incurred as a direct or indirect result of the activities. I, the undersigned, have read this release and understand all its terms and execute it voluntarily and with full knowledge of the significance.



Signature(Parent/guardian) _____

Date _____ # attending _____

