

**St. Raymond's High School Youth Apostolate  
Mary's Shelter Service & Mason Neck / Kayaking 6/25/25**

**Who:** Rising 9<sup>th</sup> graders through rising college freshmen

**When:** **Wednesday, June 25<sup>th</sup> (8:30am-5:45pm)**

**Where:** Meet at St. Raymond's for 8:30am Mass

Pick Up at St. Raymond's at 5:45pm

Chaperones will drive teens to Fredricksburg/Mary's Shelter Homes and Mason Neck State Park

**Cost:** **Free** (Mary's Shelter is providing pizza lunch & St. Raymond's will pay for kayaking—for those who wish to go. You may also just hang out at the park, hike, etc.)

**What to Bring:**

- Water bottle!!
- Work gloves if you have them
- Hat
- Sunscreen
- Sneakers
- **Come dressed for Mass and ready to work** (no spaghetti straps, short shorts, etc.)
  - Specific jobs TBD—could be yard work, moving furniture or something completely different
  - If you want to bring clothes to change into for Mason Neck you can...no swimsuits.
  - Remember we will end the day with **Adoration**, so dress appropriately for that

**Contact:** Jeanne Sause (571) 334-9890 [youth@straymonds.org](mailto:youth@straymonds.org)

Permission Slip, Payment & Youth Apostolate "Info. Sheet" (if not on file for 2024-2025 school year)

**Due Tuesday, June 17<sup>th</sup>**

✂ -----(Cut & Return Lower Portion) -----✂

**June 25, 2025**  
**Mary's Shelter & Mason Neck State Park**  
**PERMISSION SLIP**

I give permission for my child(ren) \_\_\_\_\_ to attend the day of service with Mary's Shelter and Mason Neck State Park (kayaking, hiking, hanging out) with St. Raymond's Youth Apostolate on Wednesday, June 25th from 8:30am-5:45pm. I understand that he/she will be riding with a compliant adult chaperone between St. Raymond's and Mary's Shelter locations in Fredericksburg as well as Mason Neck State Park.

In the event of injury, I release the adult chaperones, St. Raymond's parish and its staff and volunteers, the diocese of Arlington, the diocesan Bishop and his successors in office from any liability. I also agree to allow any necessary medical treatment of my child in case of injury.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name Printed

