St. Raymond's Youth Apostolate
Witness for Life: Prayer Outside Abortion Clinic for Grades 6-12
Saturday, November 14, 2026
10:15am-1:00pm







Where: **Falls Church Healthcare Center** (900 S. Washington St. Falls Church)

Cost: **None**

Counts as 1 Church service hour or prayer hour for those who need it.

Bring: **Dress for the weather;** bring a **rosary** if you have one

When: **Saturday, November 14, 2026**
Meet at St. Raymond's at 10:15am sharp.
We will pray from 11am-12pm and then come back to the parish hall for a slice of pizza before heading home.
Pick up at St. Raymond's at 1pm.
We will car pool (chaperones will drive).

Contact: Jeanne Sause 571-334-9890 youth@straymonds.org

***This Permission slip & 2026-2027 YA Info Sheet (if not already on file)**
due to the parish office by Tuesday, November 10th

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

Witness for Life: Prayer Outside Abortion Clinic PERMISSION SLIP November 14, 2026

I give permission for my son/daughter _____ to attend the Witness for Life: Prayer Outside Abortion Clinic outing with St. Raymond's Youth Apostolate on Saturday, November 14, 2026 from 10:15am-1:00pm. I understand that he/she will be riding with a compliant adult chaperone.

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

