

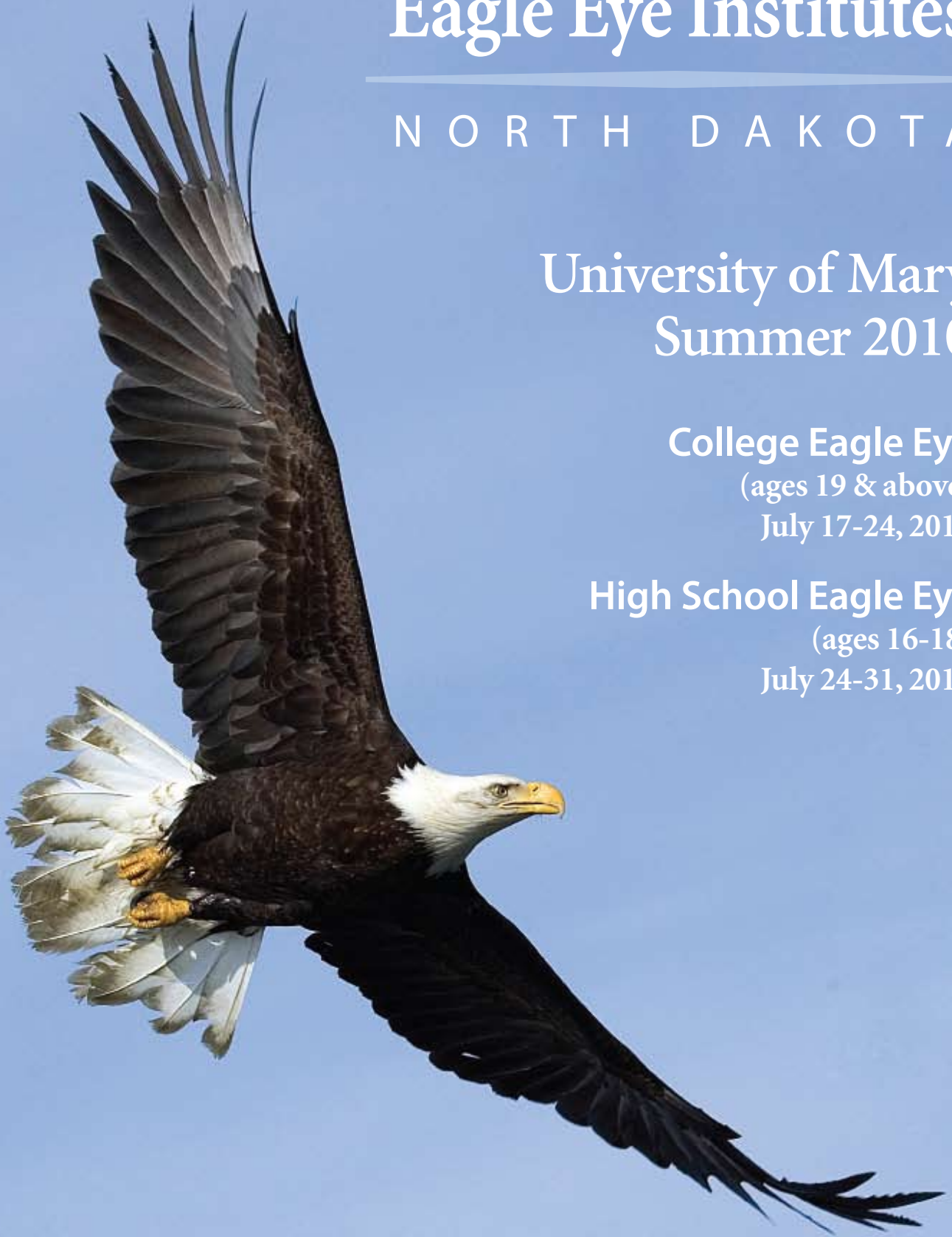
Eagle Eye Institutes

N O R T H D A K O T A

University of Mary
Summer 2010

College Eagle Eye
(ages 19 & above)
July 17-24, 2010

High School Eagle Eye
(ages 16-18)
July 24-31, 2010





Eagle Eye Summer Institute: Soaring for Wisdom!

Eagle Eye is led by the Brothers and Sisters of the Community of St. John (www.stjean.com). Conducted on the campus of the University of Mary, this experience is designed to inspire and assist young Catholics to delve deeply into the beauties of Faith and Reason.

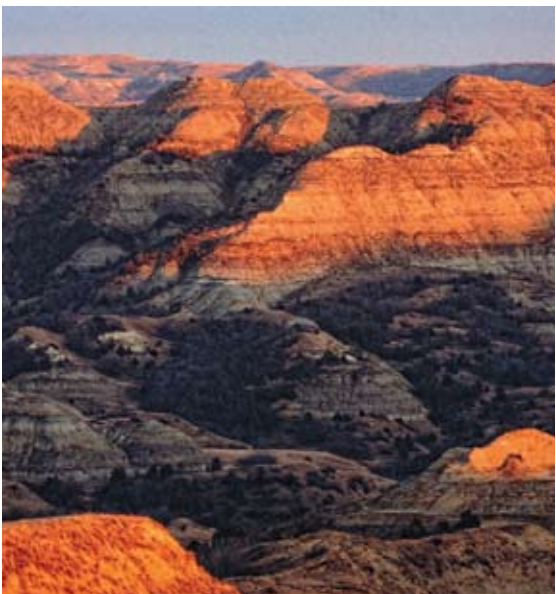
Experience:

- Deep prayer
- Intensive classes in philosophy and theology
- Mass and Adoration
- Wholesome Christian fellowship
- Wilderness expedition

Because of the generosity of the University's benefactors, the registration cost for participants this year will be only \$150, which includes housing, meals and snacks, wilderness trip, and course materials. Registrations are due by June 30, and participants will receive packing and arrival instructions, release forms, and other details in early July.

For more information, contact Jillian Gubash in the University of Mary Office of the President:
701-355-8297 • 800-408-6279, ext. 8297
jngubash@umary.edu

www.umary.edu/eagleeye





College Eagle Eye, July 17-24

High School Eagle Eye, July 24-31

Name _____

Home Phone _____ Cell Phone _____ Birthdate ____/____/____

Mailing Address _____

City _____ State _____ Zip _____

E-mail _____ Gender: Female Male

T-Shirt Size (Adult Sizes) Med Large XL XXL

Emergency Contact(s)

Parent(s) Name(s) _____

Daytime Phone _____ Cell Phone _____

Mailing Address _____

City _____ State _____ Zip _____

E-mail _____

Other Contact

Name _____ Relationship _____

Daytime Phone _____ Cell Phone _____

Mailing Address _____

City _____ State _____ Zip _____

Medical Information

Doctor's Name _____ Clinic _____

Phone _____

Insurance Company _____

Phone _____ Policy # _____

Additional Information *(The following is for emergencies only and will be kept confidential.)*

Please indicate if you have any special dietary needs.

Food Allergies _____

Other Dietary Needs _____

Please indicate if there are any other special needs, disabilities, etc. _____

Please indicate if you are interested in singing or playing for Mass, Praise and Worship, the Evening Talent Show or around the campfire:

Voice Piano Guitar Other Instruments _____

Will you be driving to camp? Yes No

Would you be willing to provide transportation for an activity if necessary? Yes No

If yes, how many seat belts are available in your vehicle? _____

SUBMIT REGISTRATION FORM AND DEPOSIT TO:

University of Mary
Attention: Jillian Gubash
7500 University Drive
Bismarck, ND 58504

REGISTRATION DEADLINE: June 30, 2010

DEPOSIT: \$50 due at time of registration

FINAL PAYMENT: \$100 on or before the first day of camp