



Come fill your tanks with spiritual energy for the academic year with a retreat designed for first-year students and transfers at CWRU, CIA, and CIM !



Presented by Newman Catholic Student Association

DATE: Friday, September 17 - Sunday, September 19
TIME: 9:00pm Friday - 2:00pm Sunday **including MASS & BBQ**
PLACE: OFF-CAMPUS AT RURAL BETHANY RETREAT HOUSE
COST: \$10 (includes food & transportation)

The retreat includes a variety of ways to notice your gifts *and* the gifts of Catholicism that can help you do well in college, whether you are at CIA, CIM, or CWRU. It's also a great opportunity to have fun and make friends early in your first year.

See our website for complete details: NCCM.org
 If you have any questions, please contact
 Tony Vento: 216.421.9614 x302 or tony.vento@case.edu

Register today online at NCCM.org or see reverse side for form. Space is limited. Deadline for registration is Tuesday, September 14th.

**Newman Catholic Student Association
First Year Fuel Up 2010**

A weekend retreat for first-year and transfer students @ CWRU, CIA, & CIM

Date Friday, September 17, 8 pm to Sunday, September 19, 3 pm *including Mass*

Location Bethany Retreat House, just 45 minutes away, is a comfortably converted barn nestled among apple orchards (enjoy some ripened apples) and forests that will be splashed with fall colors. The Sisters of Notre Dame make this a place for renewing your sense of the sacred! We'll end with a big BBQ, too.

<http://www.sndchardon.org/SideNav/NotreDamebrEducationalCenter/tabid/250/Default.aspx>

Cost The cost is \$10. Food and transportation from University Circle is included. There are also scholarships available. Please make checks payable Newman Catholic Campus Ministry. Space is limited!

Interested? Please contact Tony Vento, Newman Catholic Campus Minister, for more information: tony.vento@case.edu or (216) 421-9614 x302

Website www.nccm.org

Registration Form – or register at NCCM.org

Please return to NCCM, Interfaith Center, 11205 Euclid Ave, Cleveland Ohio 444106

Name _____ Residence Hall and Room _____

Campus Street Address _____

Campus Phone (216) _____ Cell # _____

E-mail _____ Birth date ____/____/____

Home Street Address _____

City _____ State _____ Zip Code _____

School: ___ CWRU ___ CIA ___ CIM Status: ___ First-Year ___ Transfer

Major/Field _____ Graduation Date _____

Emergency Contact Name & Phone: _____

Medical/Health/Dietary/Allergy Concerns: _____

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Signature _____ Date _____