

Join us for a trip to



DATE: THURSDAY, OCTOBER 9, 2025

Itinerary

8:00 AM: Depart

Light Breakfast on the bus

TOUR THE SHRINE

Time for prayer and a visit to the gift shop

LUNCH BUFFET: Birchwood in Bristol, WI

Chicken, Pot Roast, BBQ Ribs, Turkey, Stuffing, Potatoes, Corn, Soup, Salad, Homemade Cobbler

MARS CHEESE CASTLE

4:30 PM: Return home



We will offer the Cabrini movie in the bus on the way to Chicago. The Shrine is also designated as a place of the Jubilee graces in this Jubilee Year of Hope.

Questions? Contact Mary Lestina

mary.lestina@stdominic.net or 262.781.3480, Ext. 228.

Cost: Before September 30, 2025: \$68/person. After September 30: \$74.00 | **Non-refundable**

Make checks payable to St. Dominic Catholic Parish, 18255 W. Capitol Drive, Brookfield, 53045

Name (s) _____

Phone (s) _____

Address: _____

Email: _____

Emergency Contact _____ Phone _____

☐ Signed Indemnity Form Required
Available in the Parish Center



Adult Hold Harmless/Indemnity Agreement

Parish: St. Dominic Catholic Parish, Brookfield Wisconsin

Name of Participant: _____

Date of Activity: October 9, 2025

Type of Activity: Bus Trip to Chicago

The above named Participant agrees to defend, protect, indemnify and hold harmless the above named parish against and from all claims arising from the negligence or fault of the above named participant or any of their agents, family members, offices, volunteers, helpers, partners, organizational members or associates, which arise out of the above named activity at the above named parish.

The participant understands that the school does not provide any health, accident, or disability insurance for participant and certifies that he/she has adequate health and disability insurance that will respond to any illness or injury that may occur during the activity.

Additionally, the above named participant agrees to protect, defend, hold harmless and fully indemnify the above named parish from any claim or cause of action whatsoever arising out of the above mentioned activity which takes place during the above identified date of activity that is brought against the parish by the above named participant or their family members whether such claim arises from the alleged negligence of the parish, its employees or agents or participants negligence.

Signature_____ **Date**_____

Printed Name_____

One per person/couple

St. Dominic Catholic Parish, 18255 W. Capitol Drive, Brookfield, WI 53045