

Diocese of Corpus Christi

*High School*

# 'RUNNING THE RACE; KEEPING THE FAITH'

*Youth Spectacular*

To All Running the Race

We are excited that this year we celebrate 25 years of bringing young people together to grow in their faith and be surrounded by a large crowd of young people desiring the same. St. Paul tells us that of all those running the race there will be only one winner. Therefore, we must run to win!

The Youth Spectacular will take place on Sunday, November 2, 2008 at the American Bank Center. We begin our day in Selena Auditorium at 9AM and the doors will open at 8:30 AM. Our keynote presenters are Ennie Hickman and Shannon Deitz. They are excellent speakers that have been a part of the Steubenville South Conferences. Bishop Edmund Carmody will celebrate Mass. Heath Garcia will provide the music.

In Celebrating twenty-five years, on Saturday, November 1, 2008 we encourage all those who have ever attended a Youth Spectacular or planning on attending this year to join us for a Spectacular of Praise. Spectacular of Praise will be a free concert at Most Precious Blood Church, 3502 Saratoga Blvd., Corpus Christ, Texas beginning at 7:00 PM with a mixer following. Several youth bands from throughout the diocese will share their gifts. We will close with Heath Garcia and a visit by a surprise guest! Please get the word out to all your friends and family!

We would like to put a video presentation together titled "Youth Spectacular Rewind" encompassing the past twenty-five years experiences. Please send your pictures to us and the year they were taken on cd or photo copies.

The mailing and drop-off for registrations will be at Our Lady of Perpetual Help Church, 5830 Williams Drive, Corpus Christi, Texas 78412. We plan on presenting your t-shirts at the time of early bird registration drop-off.

We have a Youth Minister's meeting for those interested in assisting with the Youth Spectacular on Tuesday, September 16, 2008 from 6:30-8:00 PM at Our Lady of Perpetual Help Church.

Yours in Christ,

Alfonso Ramirez  
Youth Spectacular Coordinators  
Diocese of Corpus Christi

Omar Pena

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# *Timeline*

*September 16, 2008 - Youth Minister Meeting D.L.P.H. Youth Center*

*October 10, 2008 - Service Award Candidates \* applications due*

*October 15, 2008 - DYC applications due*

*October 17, 2008 - Early bird registration and free t-shirt*

*October 24, 2008 - Final Registration  
(none will be accepted after this date)*

*October 25, 2008 - DYC Meeting 10:00 AM  
(Sts. Cyril and Methodius - Youth Center)*

*November 1, 2008 - DYC Meeting 10:00 AM  
(Sts. Cyril and Methodius - Youth Center)*

*November 1, 2008 - Spectacular of Praise 7:00 PM  
(Most Precious Blood Church)*

*November 2, 2008 - Youth Spectacular 9:00 AM  
(American Bank Center - Selena Auditorium)*

25TH ANNUAL  
*High School*  
**YOUTH SPECTACULAR**

"Keeping the Faith; Running the Race"

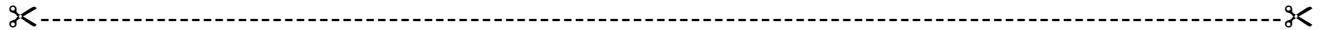


*Sunday, November 2, 2008*

American Bank Convention Center in Corpus Christi  
 Begins at 9am (Doors open at 8:30am)  
 Open to Students in Grades 9-12, Clergy, & Adult Leaders

Registration fee is \$20 (non-refundable). Early Bird Registrants who have paid and turned in the registration forms to the Diocesan Youth Spectacular Office by the early registration deadline (Friday, October 17, 2008, 5 pm) will receive a free T-shirt. Registration forms will be accepted through Friday, October 24, 2008, 5 pm. Registration fee includes catered lunch and dinner (food cannot be brought in). Adults and youth must be registered to attend. Bring extra money for exhibitors.

Sponsored by the Office of Youth and Young Adult Ministry, Diocese of Corpus Christi



DIOCESAN CATHOLIC YOUTH SPECTACULAR REGISTRATION FORM

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Check if you are an **adult leader** \_\_\_\_\_ (all parish leaders must meet requirements set by the Office of Child and Youth Protection)

Mailing Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Registering as a **Parish** (include city): \_\_\_\_\_

*T-shirt Early Registration Only*

- Size Adult XS
- Size Adult S
- Size Adult M
- Size Adult L
- Size Adult XL
- Size Adult XXL

Extra T-shirts will be available for purchase at the event while supplies last. Cost for T-shirts at event is \$15.

**Registration Fee: \$20**

For more Information, contact your parish Youth Spectacular Coordinator or Youth Spectacular  
 361/232-0646  
 Aramirez@olphcc.net  
**www.DccYouth.org**

- Youth Spectacular Registration Fee: \$20 and completed form must be sent to your parish coordinator by the date specified below.
- Parish Group Forms & Fees are due to the *Youth Spectacular*, 5830 Williams Drive, Corpus Christi, TX 78412 by Friday, October 17, 5pm (Early Registration) through Friday, October 24, 5pm (no late registrations will be accepted).

• **Deadline for your school/parish:**

• **Please make checks payable to:**

# YOUTH SPECTACULAR

## *Group Registration Form*

**American Bank Convention Center in Corpus Christi  
Begins at 9am (Doors open at 8:30am)  
Open to Students in Grades 9-12, Clergy, & Adult Leaders**

Parish/School: \_\_\_\_\_ City: \_\_\_\_\_  
Adult Leader: \_\_\_\_\_  
Phone: \_\_\_\_\_ (hm / wk / cell) Alt. Phone: \_\_\_\_\_ (hm / wk / cell)  
Email: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Will this adult leader be attending this event? Yes / No  
In no, who will be the on-site Adult Leader? \_\_\_\_\_ Cell: \_\_\_\_\_

Participant Name	Grade/Adult	T-Shirt Size (Early Bird Only)
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Total Youth & Adult Registrations Submitted in this Packet \_\_\_\_\_  
Total Fees Submitted in this Packet \_\_\_\_\_

**Please return form with a single check made out to “Diocese of Corpus Christi” to:**

Youth Spectacular / 5830 Williams Drive / Corpus Christi, TX 78412

Phone: 361-232-0646 Email: [aramirez@olphcc.net](mailto:aramirez@olphcc.net) website: [www.dccyouth.org](http://www.dccyouth.org)

Early Registration Deadline: Friday, October 17, 2008, 5pm (FREE T-Shirt)

Registration Deadline: Friday, October 24, 2008

No late registrations will be accepted



## **DIOCESE OF CORPUS CHRISTI**

5830 Williams Drive  
Corpus Christi, Texas 78412

(361) 232-0646  
Fax (361) 993-1211  
[www.DccYouth.org](http://www.DccYouth.org)  
[Aramirez@olphcc.net](mailto:Aramirez@olphcc.net)

Youth Spectacular Office  
Youth & Young Adult Ministry

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### **DIOCESAN CATHOLIC YOUTH SPECTACULAR**

#### **Recognition Mass**

**American Bank Convention Center-Selena Auditorium, Corpus Christi, TX  
Sunday, November 2, 2008**

Every year our Diocesan Office of Youth and Young Adult Ministry hosts the annual Youth Spectacular in which selected high school youth and adult youth ministers are recognized by the diocese for their dedication, service and commitment to the youth in our Church. Youth and adult youth ministers will be recognized during the Youth Spectacular Mass at 10:00 A.M. on Sunday, November 2, 2008 taking place at the Selena Auditorium at the American Bank Convention Center in Corpus Christi, Tx.

Each parish is asked to submit the names of up to TWO high school teens and TWO adults who have made a positive contribution to parish youth ministry.

#### **YOUTH CANDIDATES SHOULD MEET THE FOLLOWING QUALIFICATIONS:**

- **High School students (grades 9-12)**
- **Positive peer role models**
- **Currently active and involved in their parish for the PAST THREE YEARS (e.g. parish youth council, retreat leader, religious education teacher or other service in the parish)**

#### **ADULT YOUTH MINISTRY CANDIDATES SHOULD MEET THE FOLLOWING QUALIFICATIONS:**

- **Be over the age of 25 years**
- **Serve as a witness to their faith in Jesus Christ**
- **Actively involved in parish youth ministry for FIVE YEARS or more**

***PROCEDURE FOR SELECTING:  
Adult Minister Service Award Candidates***

E-MAIL: [aramirez@olphcc.net](mailto:aramirez@olphcc.net)

PH: (361) 232-0646

FAX: (361) 993-1211

The parish pastor and youth minister are asked to select up to two adults who have been dedicated to parish youth ministry for the past five years. There is no screening process. Each candidate will be recognized with a medal and certificate at the Youth Spectacular Recognition Mass, and a letter of congratulations from the Diocese. Please fill out this form if you would like to nominate a parish minister and return to:

YOUTH SPECTACULAR MASS  
5830 WILLIAMS DRIVE  
CORPUS CHRISTI, TEXAS 78412

PARISH: \_\_\_\_\_

PARISH CONTACT (person filling out this form): \_\_\_\_\_

PHONE # \_\_\_\_\_ E-MAIL: \_\_\_\_\_

***Outstanding Youth Minister Nominees***

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

Leadership/Service Role in the Parish \_\_\_\_\_

Years of Service \_\_\_\_\_ PASTOR'S SIGNATURE: \_\_\_\_\_

-----  
NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

Leadership/Service Role in the Parish \_\_\_\_\_

Years of Service \_\_\_\_\_ PASTOR'S SIGNATURE: \_\_\_\_\_

***DEADLINE - FRIDAY, OCTOBER 10, 2008***

***PROCEDURE FOR SELECTING:  
Youth Award Candidates***

E-MAIL: [aramirez@olphcc.net](mailto:aramirez@olphcc.net)

PH: (361) 232-0646

FAX: (361) 993-1211

The parish pastor and youth minister are asked to select up to two high school youth who serve as positive peer role models and witnesses of their faith that have been dedicated to serving the parish for the past three years. There is no screening process. Each candidate will be recognized with a medal and certificate at the Youth Spectacular Recognition Mass, and a letter of congratulations from the Diocese. Please fill out this form if you would like to nominate a youth and return to:

YOUTH SPECTACULAR MASS  
5830 WILLIAMS DRIVE  
CORPUS CHRISTI, TEXAS 78412

The parish youth ministry coordinator must contact the youth candidates and register them to attend the Youth Spectacular. Our office will then send a letter inviting the family to attend the Mass.

PARISH: \_\_\_\_\_

PARISH CONTACT (person filling out this form): \_\_\_\_\_

PHONE # \_\_\_\_\_ E-MAIL: \_\_\_\_\_

***Outstanding High School Youth Nominees***

NAME: \_\_\_\_\_ AGE \_\_\_\_\_ GRADE \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

Leadership/Service Role in the Parish \_\_\_\_\_

Years of Service \_\_\_\_\_ PASTOR'S SIGNATURE: \_\_\_\_\_

\*Provide a brief description of the candidate's service to the community on the back of this form

NAME: \_\_\_\_\_ AGE \_\_\_\_\_ GRADE \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

Leadership/Service Role in the Parish \_\_\_\_\_

Years of Service \_\_\_\_\_ PASTOR'S SIGNATURE: \_\_\_\_\_

\*Provide a brief description of the candidate's service to the community on the back of this form

***DEADLINE: FRIDAY OCTOBER 10, 2008***

# DEANERY YOUTH COUNCIL

Diocese of Corpus Christi

2008-2009

*Application Form*

Please complete this application form and return it to Alfonso Ramirez at 5830 Williams Drive Corpus Christi, Texas 78412 with **two letters** of recommendation. One letter should be from your parish priest, and the second from an adult active in your local parish. If you have any questions, please call Alfonso Ramirez at 232-0646 or by e-mail at ARamirez@OLPHCC.net.

Name \_\_\_\_\_ Age \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

Graduating Class of \_\_\_\_\_ Birthdate \_\_\_\_\_ Parish \_\_\_\_\_

School Attending \_\_\_\_\_

School Activities \_\_\_\_\_

Any other activities (including parish) \_\_\_\_\_

Why do you want to be selected to serve on the Deanery Youth Council?

\_\_\_\_\_

Have you spoken with your parents about serving on the Youth Council? Yes \_\_\_\_\_ No \_\_\_\_\_

Do your parents know about the four to seven meetings per year commitment? Yes \_\_\_\_\_ No \_\_\_\_\_

Describe how much parental support you have for participation on the Deanery Youth Council.

\_\_\_\_\_

Parent's/Guardian's Name (printed) \_\_\_\_\_

Parent's/Guardian's Signature \_\_\_\_\_

What are some strengths you will bring to the Deanery Youth Council? \_\_\_\_\_

\_\_\_\_\_

Generally speaking, how do you act in a group? (i.e. shy, outspoken, organizer, leader, sensitive to others, etc.)?

\_\_\_\_\_

How do you think this experience will benefit you personally? \_\_\_\_\_

\_\_\_\_\_

Parish, Diocesan, State, Regional and National Youth Ministry events in which you participated (if any)

\_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Applications and letters of recommendation are due by October 15, 2008

**PARENT/GUARDIAN PERMISSION AND HEALTH HISTORY FORM FOR  
DIOCESE OF CORPUS CHRISTI YOUTH SPECTACULAR**

Participant's Name \_\_\_\_\_ Sex \_\_\_\_\_ Birthdate \_\_/\_\_/\_\_ Age \_\_\_\_\_  
Parish \_\_\_\_\_ City \_\_\_\_\_ Grade Level \_\_\_\_\_  
Parent/Guardian \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_

I, \_\_\_\_\_, grant permission for my child \_\_\_\_\_  
*(parent/guardian)* *(child's full name)*

to travel to and participate in the Diocese of Corpus Christi Youth Spectacular to be held on November 2, 2008 from \_\_\_\_\_ to \_\_\_\_\_ at the American Bank Center in Corpus Christi, Texas.

Signature \_\_\_\_\_ Date \_\_\_\_\_

In an **EMERGENCY**, if unable to reach parent/guardian, contact:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Family Health Plan Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

**Special Information** – All information will be held in strict confidence.

Allergic Reaction (plant, insect, food, medicines) \_\_\_\_\_

List Allergies \_\_\_\_\_ Type of Reaction \_\_\_\_\_

Does child require a medically prescribed diet? \_\_\_\_\_ If yes, explain \_\_\_\_\_

Any physical limitations? \_\_\_\_\_ If yes, explain \_\_\_\_\_

Other special medical conditions: \_\_\_\_\_

In the event it comes to the attention of the parish, its officers, directors and agents, and the Diocese of Corpus Christi, chaperons, or representatives associated with the activity that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called COLLECT (with phone charges reversed to myself). Yes \_\_\_\_\_ No \_\_\_\_\_

We do not wish to give any medical treatment to your son/daughter against your wishes or family practice. Please read each of the following statements carefully and sign only those in accord with your wishes:

**Medications:** My child is taking medications at present. My child will bring all such medications necessary, and such medications will be well-labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are as follows:

\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian signature (required for dispensing any medication)

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Non-Prescription Medications:** I hereby grant permission for non-prescription medications (e.g. Tylenol, throat lozenges, cough syrup) and routine non-surgical medical care to be given to my child if deemed advisable by personnel supervising the field trip.

Signature \_\_\_\_\_ Date \_\_\_\_\_

I do not want ANY type of medication administered to my child unless the situation is life-threatening and emergency treatment is required.

Signature \_\_\_\_\_ Date \_\_\_\_\_

IN CASE OF AN EMERGENCY, I hereby give permission to transport my child to the nearest hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor.

Signature \_\_\_\_\_ Date \_\_\_\_\_

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant").

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend \_\_\_\_\_, its officers, directors, employees and agents, and the Diocese of Corpus Christi, its employees and agents, chaperons, or representatives associated with the event, from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Diocese of Corpus Christi, its employees and agents and chaperons, or representatives associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as result of such injury or damage, unless such claim arises from the negligence of the parish/diocese.

\_\_\_\_\_  
Legal Guardian Signature

\_\_\_\_\_  
Date

**DIOCESE OF CORPUS CHRISTI AND/OR PARISH OF \_\_\_\_\_**  
**YOUTH MINISTRY RELEASE OF LIABILITY AND MEDICAL RELEASE FORM**  
**ADULT PARTICIPANT'S**

**Name:** \_\_\_\_\_

**Parish:** \_\_\_\_\_ **Daytime Phone #** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

I agree on behalf of myself, my heirs, successors, executors, personal representatives and assign to protect, indemnify, save, and hold harmless the Diocese of Corpus Christi, and \_\_\_\_\_ parish, and their officers, directors, agents employee, or representatives associated with this event/trip from all damages, claims, suits, expenses and payment on account of or resulting from conditions stated on or resulting from any such injury, death, or damage to property, including resulting from the negligence of the Diocese of Corpus Christi, and parish, and/or their officers, directors, and employees arising from or in connection with my attending youth ministry events beginning through . In the event that any legal action is taken by either party against the other party to enforce any of the terms and conditions of this agreement, it is agreed that the unsuccessful party to such action shall pay to the prevailing party therein all court costs, reasonable attorneys fees and expenses incurred by the prevailing party. In the event that I should require medical treatment and am not able to communicate my desires to attending physicians or other medical personnel, I give permission for the necessary emergency treatment to be administered. Please advise the doctors that I have the following allergies:

\_\_\_\_\_  
In case of an emergency and for permission for treatment beyond emergency procedures, please contact:

**Name:** \_\_\_\_\_

**Relationship to me:** \_\_\_\_\_

**Day Time Phone #:** \_\_\_\_\_ **Night Time Phone #** \_\_\_\_\_

**Health Insurance Carrier:** \_\_\_\_\_

**Insurance ID Number:** \_\_\_\_\_ **Insurance Policy Number:** \_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

## BIOGRAPHIES



Shannon M. Deitz is a passionate speaker, dedicated to reigniting child-like faith in teens and young adults throughout the region and nationally. Among her presentations/topics are Laugh in the Face of Fear (spiritual warfare), Authentic Gospel Living and a personal favorite topic, the Holy Spirit, “The Real Presence of God in Our Lives.” Shannon gives all glory to God and praises Him for raising her from the ashes and in gratitude devotes her life to spreading His truth. Shannon M. Deitz is Director of Young Adult formation for St. Martha’s Catholic Church in Kingwood, Texas where she resides with her husband, Neal, and two sons, Ryan and Seth. To learn more about Shannon visit her website [www.shannonmdeitz.com](http://www.shannonmdeitz.com)



Ennie Hickman, a graduate of Franciscan University of Steubenville with a degree in Theology, has spoken at numerous large scale retreats and conferences throughout the country, Eastern Europe and Africa. He also is a summer Host and speaker for Steubenville Youth broadcast on lifeteen.com.

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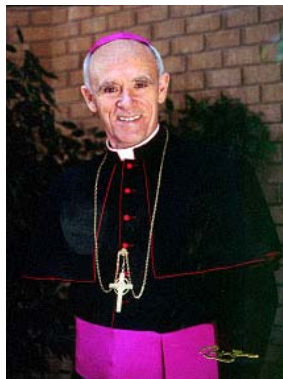


"Running the Race; Keeping the Faith"  
**Sunday, November 2, 2008**

Bishop Edmond Carmody



Shannon Deitz



Ennie Hickman