



Totus Tuus

A Great Summer Faith Formation Experience! | June 12–16, 2023

Totus Tuus is a Catholic youth program dedicated to sharing the Gospel and promoting the Catholic faith through teaching, evangelization, Christian witness, and Eucharistic worship. The goal of Totus Tuus is to help young people grow closer to Jesus Christ so He can lead them to the Father by the Power of the Holy Spirit. The program is facilitated by college students and seminarians from the Lincoln Diocese, with the hope of inspiring a true longing for holiness, a desire for conversion, and an openness to their vocation through devotion to Christ through Mary in prayer.

Youth entering grades 1-8 will meet Monday, June 12 through June 16 during the day from 9:00 am-3:00 pm. Students will need to bring a sack lunch each day. Daily Mass will be offered in addition to instruction and activities. High School students will meet beginning Sunday, June 11 through Thursday, June 15 during the evening from 8:00-10:00 pm and have two presentations and Night Prayer. Students will have an opportunity to interact with the team and each other during these sessions. Plan to set aside this time now for a “mini retreat” to have fun and grow closer to Christ at the same time!

Cost per student is only \$30 (\$10 for high school students). At this price, spaces will fill up quickly, so get your registration form in soon! Registration will end on June 1 OR when classes are full, whichever comes first. Don't delay! Send the completed form below to: Totus Tuus, c/o 8315 S. Cherrywood Dr., Lincoln, NE 68510 or to the St. Joseph School office. Contact Michele Chambers with questions at 489-3733 (H), 473-0631 (W), or by email at Michele-Chambers@cdolinc.net.

Totus Tuus Registration Form

Parent Name: _____ Phone: _____

Address: _____ Email: _____

City/State/Zip: _____ Cell: _____

Emergency Contact: _____ Phone: _____

Student Name: _____ Grade (2023-24) _____

Student Name: _____ Grade (2023-24) _____

Student Name: _____ Grade (2023-24) _____

Are there any medical conditions/allergies/other information that we need to be aware of? Use back if needed.

As provided by the State of Nebraska, I authorize the adult in charge to obtain necessary medical treatment for my child, and I give my permission to any physician to do so.

Signed _____ Date _____

Can you help with any of the following? (Circle your preferred day if applicable)

_____ Hosting 2 team members in your home for the week? You would provide breakfast and a place to sleep.

_____ Provide lunch at St. Joseph's for 4 team members on: Mon. Tues. Wed. Thurs. Fri.

_____ Provide dinner for 8 team members (in your home around 6 p.m.) on: Sat. Sun. Mon. Tues. Thurs.