Join us for a bus trip to

Chicago's Griffin Museum of Science and Industry for

Anne Frank, the Exhibition

Anne was a German-born Jewish diarist who perished during the Holocaust in WWII

SATURDAY, OCTOBER 17, 2026

Itinerary

9:00 AM Depart from St. Dominic
(Park in the north lot near the gym.)
9:45-10:45 AM: Apple Holler
11:00-12:15: Buffet at Birchwood Restaurant, Kenosha
1:30--3:00 PM: Griffin Museum of Science and Industry
Anne Frank, the Exhibition.
Video of Anne Frank as we travel back home.
5:30 PM: Return to St. Dominic
If you need mobility aids, please bring with you..

Anne Frank

Questions? Contact Mary Lestina
mary.lestina@stdominic.net or 262.781.3480, Ext. 228.

Cost: By October 1, 2026: $91.00/person. After October 1, $100/person | 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)

SAINT DOMINIC CATHOLIC PARISH

ADULT VOLUNTEER HOLD HARMLESS/INDEMNITY AGREEMENT

PARISH/SCHOOL/AGENCY: St. Dominic Catholic Parish

ACTIVITY PARTICIPANT OR VOLUNTEER: _____

DATES OF ACTIVITY: August 20, 2026

TYPE OF VOLUNTEER ACTIVITY: Bus trip

The above named ACTIVITY PARTICIPANT OR VOLUNTEER agrees to defend, protect, indemnify and hold harmless the above named PARISH/SCHOOL/AGENCY against and from all claims arising from the negligence or fault of the above named ACTIVITY PARTICIPANT OR VOLUNTEER or any of their agents, family members, officers, volunteers, helpers, partners, organizational members or associates which arise out of the above named ACTIVITY at the above named PARISH/SCHOOL/AGENCY.

The ACTIVITY PARTICIPANT OR VOLUNTEER understands that the PARISH/SCHOOL/ AGENCY does not provide any health, accident, or disability insurance for ACTIVITY PARTICIPANT OR VOLUNTEER 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 ACTIVITY PARTICIPANT OR VOLUNTEER agrees to protect, defend, hold harmless and fully indemnify the above named PARISH/SCHOOL/AGENCY from any claim or cause of action whatsoever arising out of the above mentioned ACTIVITY OR USAGE which takes place during the above identified DATE(S) OF ACTIVITY OR USAGE that is brought against the PARISH/SCHOOL/AGENCY by the above named ACTIVITY PARTICIPANT OR VOLUNTEER or their family members whether such claim arises from the alleged negligence of the PARISH, its employees or agents or ACTIVITY PARTICIPANT or VOLUNTEER'S negligence.

SIGNATURE: _____

PRINTED NAME: _____

DATE: _____