

MIGHT GOD BE CALLING **YOU** TO BE **HIS PRIEST?**

Yearly, St. Joseph Seminary offer a weekend live-in experience for men who are discerning a call to the diocesan priesthood. If you've been thinking and talking about the priesthood, now's the time for action: come and see for yourself! Ask questions, express your concerns, meet seminarians, and pray to know God's will.

There is no cost to you, and no obligations. This weekend is a great opportunity for your discernment journey. You will meet the team of amazing priests who train and form future priests, our current seminarians who are in ongoing formation and discernment, and other men like yourself who are discerning the Lord's will for their lives.

So, Come & See us at St. Joseph Seminary, a beautiful place where Our Lord Jesus Christ continues to build up his Church and provide priests for tomorrow!

"Put out into the deep and let
down your nets for a catch:
Luke 5:4-5



ST. JOSEPH
SEMINARY

COME & SEE WEEKENDS

January 24-26, 2025

Please send completed
forms to...

St. Joseph Seminary
9828 - 84th Street NW
Edmonton, Alberta T6A 0B2
Ph: 780-392-2445
Fx: 780-461-3858
Email: secretary@stjoseph-seminary.com

WHAT YOU NEED TO KNOW

- Arrive Friday between 6:30 PM & 6:45 PM
- Program begins at 7 PM (Supper is not provided)
- Weekend finishes after lunch on Sunday
- Meals and individual rooms are included with bedding, private washrooms & towels
- Free parking on site

WHAT YOU NEED TO BRING

- Pen
- Notebook/Journal
- Bible
- Rosary
- Alarm Clock
- Collared shirt and dress pants for Sunday Mass
- Seasonally appropriate clothing
- Optional—sports clothes and indoor gym shoes
- Optional—books to read

Registration Information

(Participants must be in grade 12 or older)

Register early as space is limited. Registration deadline is January 10, 2025

First Name: _____ Last Name: _____

Birthday (mm/dd/yy): _____ *Age (as of the weekend): _____

*If under 18 years old, please contact the secretary at the Seminary for a Parent Permission Form.

Address: _____

City: _____ Prov.: _____ Postal Code: _____

Email: _____

Cell Phone: _____ Home Phone: _____

Diocese: _____

Provincial Health Card Number: _____

Medical Info. & Allergies/Food Sensitivities: _____

Emergency Contact:

Name: _____ Relation: _____ Phone: _____

Arrival/Departure Information: Driving

Bus Need to be picked up? Y N Location: _____ Arr. Time: _____

Need to be dropped off? Y N Location: _____ Dep. Time: _____

Flight Need to be picked up? Y N Flight #: _____ Arr. Time: _____

Need to be dropped off? Y N Flight #: _____ Dep. Time: _____