★ Marian Procession, Rosary, and May Crowning ★ Sunday, May 5, 2024 at 12:30PM



12:30 PM - CROWNING of the Processional Statue

Our Lady of the Elms START: 1290 W. Market St., West Akron

* follow directional signs: please remain outside



END: St. Sebastian Church 476 Mull Ave., West Akron

For those unable to process, the Rosary will be prayed inside St. Sebastian Church beginning at 12:30



TIP: Buddy up with a friend-Leave one car at St.Sebastian's then drive together to the Elms.

- * Event programs provided
- * Blessed Rosaries available
 - * Light refreshments

Sponsored and organized by Our Mother's Hands For more info visit www.OurMothersHands.org

A Marian Procession

Sunday, May 5th, 12:30 PM

Families of First Communicants and 8th Grade Students:

All First Communicants and 8th Grade Students will make up our Queen of Heaven's Court in the procession, which begins at Our Lady of the Elms School, and concludes at Saint Sebastian Church.

Three students will be chosen from Our Queen's Court, one to crown the processional statue, a second to crown the Fatima statue, and the third to crown the garden statue.

Questions? Please contact us at 330/800-0929 or info@ourmothershands.org

We hope to see you there!

St. Sebastian Parish 476 Mull Ave., West Akron Our Lady of the Elms School 1290 W. Market St., West Akron

If you are unable to attend but your child would like to be included, please complete the attached permission slip and email it to info@ourmothershands.org OR bring it with you the day of the event.

EVENT NAME: Marian Procession and May Crowning

DATE OF EVENT: Sunday, May 5, 2024

BEGINNING TIME: 12:30 ENDING TIME: 1:30

I give permission for my child,	_ (child's
I understand that NO transportation will be provided and that responsible to pick my child up at the Church after the process between 1:30 and 1:45	
During the event, I can be reached at phone number.) In the event that you are unable to contact no please contact:	
Emergency Contact Name:	
Emergency Contact Phone:	-
Parent/Guardian Signature Date	
PHOTOGRAPHY RELEASE FORM	
I grant permission to Our Mother's Hands ministry to take and photographs and/or digital images of my child	d use:
(child's name) for use in	n news
releases and/or materials as follows: printed publications or rials, electronic publications, or Web sites. I agree that my coname and identity may be revealed in descriptive text or comtary in connection with the image(s). I authorize the use of timages without compensation to me.	hild's imen-
Parent/Guardian Signature Date	-