

YOUTH ENCOUNTER APPLICATION FORM

(Please Print Legibly)

Name _____ Phone _____

Parents Name _____ Phone _____

Home Address _____

City/State _____ Zip Code _____

College Address _____ Phone _____

City/State _____ Zip Code _____

E-Mail Address _____

Birth Date: Month _____ Day _____ Year _____ Present Age _____ Male _____ Female _____

Food Allergies _____ Medications _____

Parish _____ Pastor _____

Are you active in your parish? _____ If "Yes", How? _____

If employed, occupation _____

School Attending _____ Present Grade _____

Are you active in your school? _____ If "Yes", How? _____

Have you ever made a retreat before? _____ If "Yes", when and what was it like? _____

Have your parents made a "Cursillo"? _____ "Marriage Encounter"? _____

What are your reasons for wanting to make this Youth Encounter Weekend? _____

Signature of Applicant _____ Date _____

Parent/Legal Guardian Signature _____ Date _____

Emergency Contact Person _____ Phone _____

Note: Youth Encounter is a tobacco/drug/alcohol free retreat, if any applicant is found with any tobacco, drugs or alcohol the parents will be notified and be expected to pick up their son/daughter at Marygrove in Garden, MI. If the parent/legal guardian cannot be contacted the emergency contact person will be called.

PASTOR'S FORM

Comments of Pastor (if any): _____

Signature of Pastor _____ Date _____

