

Youth Encounter Christ Registration Form

All Applicants MUST be at least 16 years old or a 2nd Semester Sophomore to attend.

APPLICATIONS THAT ARE NOT COMPLETED WILL NOT BE ACCEPTED

Candidate Name: _____ Age: _____ Current Grade: _____

Address: _____ City _____ State _____ zip _____

Home Phone: _____ Cell: _____ Email: _____

Date of Birth: _____ \ _____ \ _____ Please circle one: MALE FEMALE

Do Your Parents live together? (circle) YES NO

Mother's Name: _____ Phone #: _____

Father's Name: _____ Phone #: _____

Parent address (if different from yours) _____

What School do you attend? _____ Are you Homeschooled? _____

College Address (if applies) _____

What Church do you attend? _____ Priest/Pastor: _____

Are you active at your Church? (circle) YES NO How? _____

Do you have any FOOD ALLERGIES? _____ Medications? _____

Please tell us about yourself. Do you Play Sports? What are your Hobbies? Do you play a musical instrument?

Are you familiar with Cursillo and/or do you know anyone who has attended a Cursillo? _____

Have you ever attended a retreat before (YES/NO & explain)? _____

When? _____ Did you enjoy it? _____ Why? _____

Why do you want to make a YOUTH ENCOUNTER? _____

Each Youth Encounter applicant MUST have a sponsor to attend. A SPONSOR can be another youth who has attended a Youth Encounter, an Adult who has made their Cursillo or a Priest/Nun who has contact with the applicant.

SPONSOR INFORMATION: (Must be COMPLETED FULLY)

SPONSOR NAME: _____ PHONE: _____

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

SPONSOR EMAIL: _____ How do you know the Candidate? For how long? Why do you think they would be a good candidate to make a Youth Encounter? What are some qualities he/she possess? Is there anything else you think would be helpful in assisting the team in getting to know the candidate?

SIGNATURE OF CANDIDATE: _____

SIGNATURE OF PARENT/LEGAL GUARDIAN: _____

EMERGENCY CONTACT PERSON (other than parents): _____

PHONE NUMBER _____ CELL: _____

APPLICATIONS THAT ARE NOT COMPLETED WILL NOT BE ACCEPTED

Mail COMPLETED applications to:

Barry & Yvonne Voss

N1572 So. Circle Drive – Norway, MI 49870

Please do not submit payment at this time. Payment to be made at time of Retreat to MARYGROVE in the amount of \$25.00. Payment by Check or Cash only please.

This application has been approved and is the sole intellectual property of Youth Encounter. All information submitted through this application will be kept confidential within Youth Encounter, and will not be sold or disseminated in any way.