

# Youth Encounter Christ Registration Form

All Applicants MUST be at least 16 years old or a 2<sup>nd</sup> 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: \_\_\_\_\_

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**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.**