



MEN'S ENCOUNTER APPLICATION

1. PERSONAL INFORMATION

NAME: _____ AGE: _____ PHONE: _____ - _____ - _____

ADDRESS: _____ CITY: _____

ZIP CODE: _____ SCHOOL/WORK: _____

2. SPIRITUAL INFORMATION

a) HOW LONG HAVE YOU BEEN A CHRISTIAN? ____YR(S) ____MONTH(S)

b) ARE YOU ATTENDING A CELL GROUP? __NO __YES (Indicate day, time and place): _____

c) HOW LONG HAVE YOU BEEN ATTENDING YOUR CELL GROUP? _____

NAME OF YOUR CELL LEADER: _____

d) ARE YOU ATTENDING OUR CELEBRATION (mark x to where it applies)?
 __ YOUTH __ SUNDAY SERVICE

e) WHO IS YOUR PRIMARY LEADER? _____

f) IS THIS YOUR FIRST TIME TO ATTEND THE ENCOUNTER? __YES __ NO
 (indicate the date of your last encounter, if you said no) _____

3. PRE-ENCOUNTER

	DATE	TEACHER		DATE	TEACHER		DATE	TEACHER
LESSON 1			LESSON 4			LESSON 7		
LESSON 2			LESSON 5					
LESSON 3			LESSON 6					

Encounter Release Form for Minors

MINOR'S NAME: _____

HOME ADDRESS: _____

CITY: _____ ZIP CODE: _____

MINOR'S AGE: _____

PARENT'S NAME: _____

BEST PHONE NUMBER OF PARENT/GUARDIAN: _____ - _____ - _____

Medical Release

I, _____, being the parent or legal guardian of _____, a minor child of _____ years of age, do

hereby consent and agree that said youth may participate in the Women and Youth Girl's Encounter, and stay in the provided lodging, sponsored by Doulos For Christ, and I hereby release Doulos For Christ, its leaders, staff, agents and volunteer assistants from any liability for accidents, illness, or injury which may be sustained by said child during the above mentioned activity. I do further give consent for the leader or properly appointed staff member of Doulos For Christ or their consulting physician to render to my child any emergency treatment, medical or surgical care that might be deemed necessary. Also when necessary for the execution of such care, I grant permission for hospitalization to an accredited hospital.

Name of Family Physician _____

Office Phone _____ After-Hours Number _____

Parent/Guardian Signature _____ Date _____

PAYMENT

Total cost of the Encounter is \$35.00 (this includes food). The full balance is due a week before the Encounter.

ENCOUNTER DATE: _____

PRE-REGISTRATION AMOUNT: \$ _____ // RECEIVED BY: _____

FULL PAYMENT AMOUNT: \$ _____ // RECEIVED BY: _____