

Encounter Minnesota Guest Registration

Name: _____ Phone: (_____) _____

Home Address: _____ City/State: _____ Zip: _____

School or Place of Work: _____ Phone: (_____) _____

School Mailing Address (if applicable): _____

E-mail Address: _____

Age: _____ Gender: _____ T-Shirt Size: S M L XL 2XL 3XL 4XL 5XL

___ Single ___ Married ___ Divorced / Spouse's Name: _____

Hobbies or Special Interests: _____

Medical/Dietary/Special Needs: _____

Please include one of the following for reference AND emergency contact:

Pastor or Mentor's Name: _____ Ph#:(_____) _____

Parent/Guardian(s): _____

Address: _____ City/St/Zip: _____

Ph#/Cell: (_____) _____ E-mail: _____

Name of Person who encouraged you to apply: _____

Sponsor's Email: _____ Phone: (_____) _____

The cost of the weekend is \$60 for individuals, \$100 for couples (make checks payable to EncounterMN (checks will not be cashed until after the weekend). Full or partial scholarships are available based; arrangements for scholarships must be made prior to the weekend. Guests are highly encouraged to be present the entire weekend (Friday 11am. to Sunday evening 5pm).

I understand that communion will be served at the Encounter weekend and also understand that it is my decision whether or not to partake.

Photography Waiver - By registering and attending Encounter, you're granting permission for images of your likeness to be used in promotional materials.

Applicant's signature: _____ Date: _____

Please mail this application and payment to:

EncounterMN
c/o Joppa-YFC
PO Box 625
Willmar, MN 56201
Phone: 320-220-7357

ENCOUNTERMN #25 will be held: 11 AM Friday, May 3 through 5PM Sunday, May 5 at:
First Covenant Church
801 Willmar Ave SW
Willmar, MN 56201

This application may be reproduced.