

Encounter Retreat Registration Form

Thank you for your interest in the Encounter Retreat. We hope you will find it to be a life-changing, spiritual experience.

To register, please fill out this form and return it with your \$70 payment to the Crossroads Church office. You may drop off your form and payment to the church office in person, put your form in an offering basket, or return the form by mail to: Encounter Retreat, Crossroads Church, 1000 Crossroads Drive, Oakdale, PA 15071.

General Information

Today's Date: _____

Name _____ Nickname _____ Gender: M F

Address _____ City _____ ST _____ Zip _____

Home phone _____ Work phone _____ Cell Phone _____

E-Mail (home) _____ (work) _____

Your age range: 19-24 25-30 31-39 40-50 51-59 60-70 over 70

Church Information

You do not need to be a member of Crossroads Church to attend an Encounter Retreat. The items below are for our information, so that we may help you have an optimal experience at the Encounter Retreat.

Crossroads campus where you usually worship: Oakdale Bridgeville East Liberty

Have you attended Newcomer's Class or the Following Jesus class? yes no

Are you in a small group? _____ (yes or no) If yes, who is your group leader? _____

If no, would you like to get connected to a small group? _____ (yes or no)

Health Information

Do you have any food allergies? _____

Do you have any dietary restrictions? _____

Are you taking any medications that require special attention? _____

Do you have any physical handicaps? _____

Emergency Contact Information

In the event of an emergency, please contact the following person:

Name _____ Phone #1 _____ Phone #2 _____

Relationship to you: _____

Personal Information

Please list 2 people that know you very well: (May be family or friends)

1) _____ Phone _____ Relationship _____

2) _____ Phone _____ Relationship _____