

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 \$65 payment (using the payment envelope provided) to the Crossroads Church office. You may drop off your form and payment to the office or return by mail to: Encounter Retreat, Crossroads Church, 1000 Crossroads Drive, Oakdale, PA 15071

General Information

Today's Date: _____

Name _____ Nickname _____

Address _____ City _____ ST _____ Zip _____

Home phone _____ Work phone _____ Cell Phone _____

E-Mail (home) _____ (work) _____

Church Information

To attend an Encounter Retreat you must either have attended the Crossroads Newcomer's class or a pre-Encounter class.

Have you attended Newcomer's Class? ____ yes ____ No, please contact me with information on attending a pre-Encounter class so I can go on the Encounter Retreat

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

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

1) _____ Phone _____ Relationship _____

2) _____ Phone _____ Relationship _____