

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.
Registration is limited to 40 people, so please register early to reserve your spot!

To register, please fill out this form and return it with your \$100 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, register online, or return the form by mail to: Encounter Retreat, Crossroads Church, 1000 Crossroads Drive, Oakdale, PA 15071. We do not want lack of money to hinder growth in Christ, Therefore, if finances are tight right now, please fill out a paper scholarship form or request a scholarship online.

General Information: Date of Encounter you wish to attend: _____ 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: ___18-22 ___23-32 ___33-39 ___40-49 ___50-59 ___60-69 ___70+
Are you a smoker or non-smoker? (This info is for room assignments.) ___smoker ___non-smoker

Church Information

Crossroads members and non-members are welcome at Encounter. Jesus followers and people exploring the faith are welcome at Encounter. Because Encounter is part of the disciple-making process of Crossroads Church, and because space is limited, we ask that active members of other churches do not attend Encounter.

Crossroads campus where you worship: __Bridgeville __Cranberry __East Liberty __North Fayette __Weirton

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 try a small group? _____(yes or no)

Please check how you would like to pay for Encounter: __Check __Cash __Online __Scholarship application

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 disabilities? _____

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 _____