



Encounter Weekends

Retreat Date Requested _____

Name _____ Date of Birth _____

Address _____ City/St _____ Zip _____

Telephone: Home _____ Work _____ Cell _____

Email _____ Church affiliation _____

Are you involved in a CFCC Connection group? _____ If so, which one? _____

Who recommended the Encounter Weekend to you? _____ Phone# _____

Do you have a sponsor? _____ If so, who? _____ Phone # _____

If you do not have a sponsor, may we assign you one? _____

(Because ministry times are one-on-one, you must have a sponsor, or EW trained ministry partner in order to attend.)

FEE

\$80.00 per person (non-refundable after the deadline) includes meals, lodging, and workbook.

SPECIAL NEEDS

Please list any allergies or special requirements needed _____

MAKE CHECKS PAYABLE TO CFCC, MEMO EW. No refunds will be given after the deadline. Return this application to
Clark Fork Central or mail it to Clark Fork City Church, 2811 Latimer Street, Missoula, MT 59808

ACKNOWLEDGEMENT AND RELEASE

Please note that CFCC is not a professional counseling service, if you have been involved in any unlawful activity we would ask that you do not apply for ministry, otherwise if incriminating information comes out during the ministry time, it must be reported to the authorities. I acknowledge that all ministry listened to and/or participated in is under the direction and control of the Holy Spirit, and that no guarantees are made, nor can be made, by anyone or any organization that I will or will not receive any particular healing as a result of attending the Encounter Weekend. Thus I waive all rights to claims of liability. I do hereby release Clark Fork City Church, its pastors, directors, officers, members and representatives from any and all claims, causes of actions, suits, and actions arising out of or in any way connected with any ministry provided at the Encounter Weekend.

I have read the Acknowledgment & Release carefully and do hereby agree.

Attendee's signature _____

5/7/2007

SPONSOR INFORMATION

Name: _____

Address: _____

City/State: _____ Zip: _____

Home Ph #: _____ Work Ph #: _____ Cell Ph#: _____

Email: _____

Which Connection group do you attend? _____

Date you attended Encounter Weekend as an attendee: _____

Have you previously sponsored at an Encounter Weekend? No Yes how many times? _____

SPECIAL NEEDS

Please list any allergies or special requirements needed for your stay. _____

I have reviewed this registration; the information is complete and requirements have been met. My attendee and I are ready to attend the Encounter Weekend!

Sponsor's signature _____

Office use only below this line

Date Received _____ Amount Pd _____ Check # _____ Cash _____