



Capuchin Franciscan Youth & Family Ministries

P.O. Box 192 – 781 Route 9D – Garrison, NY 10524

Phone: 845-424-3609 –E-mail: CYFM@cyfm.org–Web-site: www.CYFM.org

Day by Day Agape Retreat Program – TEEN GIRL’S Application

Registration Deadline is the *Tuesday* prior to the Retreat

Please Print Clearly. Incomplete or illegible applications cannot be processed, and will be returned.

Retreat Date: _____ Graduation Date: _____

Name: _____
First Middle Initial Last Name Tag Name

Address: _____
Number & Street City/Town State Zip

Phone: _____ E-Mail: _____ Parish _____
(Area Code) Number Please print **Clearly** zero:Ø, I, i L, l O, o Parish Name City State

Age: _____ Date of Birth: ____/____/____ Grade: _____ School: _____

Parent’s Name: _____ Parent’s E-Mail: _____

Are You a Baptized Catholic? Yes No 1st Reconciliation? Yes No
Were you confirmed? Yes No 1st Communion? Yes No

How do you describe yourself? Outgoing Quiet Follower Leader Unsure

Hobbies and interests: (Sports, drama, music, art, etc.) _____

*The total cost for this weekend is \$140. A **non-refundable deposit of \$75** (checks made out to Capuchin Youth & Family Ministries) **and original application must be received by Tuesday** before the retreat. Cost for Early Bird Applicant is \$125, and Early Bird Application **MUST** be postmarked **9 days** prior to retreat including **ALL** original paper work and deposit.*

On the back of this sheet, please write a short paragraph on why you would like to make a DDA weekend.

Allergies _____ Medications _____

Medical conditions/illnesses _____

Emergency Contact & Number _____

Please notify our office if this applicant is exposed to any communicable disease during the three weeks prior to this retreat.

We prefer that participants do not bring cell phones on the retreat. If you do, please know that Cell Phones will be collected during sleeping hours. If family needs to make emergency contact during sleeping hours they can call (845) 424-3609 ext 245 or ext 247 where one of the staff sleeps. During the day they can call (845) 424-3609 ext 241(our conference room extension).

Please submit application and deposit to the Parish DDA Coordinator:

DDA Coordinator Name: _____ Phone: _____

DDA Coordinator Signature: _____

-----Please do not write below – for CYFM office use only.-----

Date Received: _____ Deposit: _____ Full Payment: _____

Processed by: _____ Acceptance letter sent: _____

Computer: _____ Sponsor: _____

