



# Capuchin Franciscan Youth & Family Ministries

P.O. Box 192 – 781 Route 9D – Garrison, NY 10524  
Phone: 845-424-3609 – Fax: 845-424-4403 – E-mail: CYFM@cyfm.org  
Web-site: www.CYFM.org

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

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

Retreat Date: \_\_\_\_\_

High School 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

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex:  M  F Parent’s Name: \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_

Are You a Baptized Catholic?  Yes  No 1<sup>st</sup> Reconciliation?  Yes  No  
Were you confirmed?  Yes  No 1<sup>st</sup> Communion?  Yes  No

How do you describe yourself?  Outgoing  Quiet  Follower  Leader  Unsure

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

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

Do you have any illness? (e.g. diabetes, asthma, etc.)  Yes  No

If Yes, nature of illness: \_\_\_\_\_

Do you have any allergies? Please specify: \_\_\_\_\_

If you take any medication, please specify: \_\_\_\_\_

If you have any dietary requirements, please indicate: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Number: \_\_\_\_\_

***The total cost for this weekend is \$135. Cost for Early Bird Applicant is \$120. Early Bird Application MUST be postmarked 9 days prior to retreat including ALL original paper work and deposit. A non-refundable deposit of \$70 should accompany this application. Checks should be made payable to: Capuchin Youth & Family Ministries.***

**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: \_\_\_\_\_

