



Capuchin Youth & Family Ministries

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

845-424-3609

Email: cyfm@cyfm.org Website: www.CYFM.org

Day by Day Agape Retreat Program – BOYS' Application

Registration Deadline is the Tuesday prior to the Retreat

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

CYFM, a ministry of the Capuchin Province of St. Mary, offers retreats and programs through the financial support of the Province and its donors! Become one today!



*Original Application
must be mailed to CYFM*

Retreat Date: _____ **HS Graduation Year:** _____

Name: _____
First Middle Initial Last Name Tag (nick) Name

Address: _____
Number & Street City/Town State Zip

Age: _____ **Date of Birth:** ____/____/____ **Home Phone:** _____
(Area Code) Number

E-Mail: _____

Acceptance letter with details will be sent, please ck your e-mail.

Print Clearly: zero:Ø, I, i L, l, O, o

We send our electronic newsletter to everyone (keep an eye out for it, you may be in it!) Check here to also receive e-mail updates about CYFM programs/events:
Applicant Parent

Don't MISS a thing, to sign up for Flocknote, CYFM's text message communication system, text **CYFM** to 84576. We'll send important updates & info; secure and respectful:

School: _____ **Grade:** _____

Parish _____ **CYFM Programs attended/year** _____
Name City

Referred to CYFM by _____

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.) _____

Allergies _____ **Medications** _____

Medical conditions/illnesses/diet _____

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

Please complete the back of this application including a short paragraph on why you would like to make a DDA weekend.

Submit application and deposit to the Parish DDA Coordinator. A CYFM Rep. will do orientation via phone call if there is no Coordinator at your Parish, just check here and mail application:

DDA Coordinator Name: _____ **Phone:** _____

DDA Coordinator Signature: _____

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

Date Received: _____ **Deposit:** _____ **Full Payment:** _____

Processed by: _____ **App Ack** _____ **Acceptance letter sent:** _____ **Sponsor:** _____

Parent/Emergency Contact Information

A coordinator will contact parents; acceptance letter with important information will be emailed to them as well.

Mother's name: _____	Father's name: _____
Address (if different from retreatant's): _____ _____	Address(if different from retreatant's): _____ _____
Home Phone if different from retreatant's): _____	Home Phone if different from retreatant's): _____
Work Phone: _____	Work Phone: _____
Cell Phone: _____	Cell Phone: _____
Email: _____	Email: _____

Payment

*The total cost for this weekend is \$140. A **non-refundable deposit of \$75 and original application must be received by Tuesday** before the retreat. Early Bird Applicant rate is \$125 and **MUST** be postmarked 9 days prior to retreat including **ALL** original paper work and deposit.*

Amount enclosed towards retreat: \$ _____
 Additional donation to support CYFM programs: _____
Total Amount Enclosed: (check made out to CYFM) \$ _____

Why I want to attend a DDA Weekend:

Applicant's Signature _____