



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 – GIRLS' 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.

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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 _____