



## Retreatant Application

(Please print clearly)

*The mission of Valley Awakening is to reach the young adult community of the diocese that does not have access to Campus Ministry Awakening retreats. If you are in college please visit our Campus Ministry sites for Awakening information. If you have any questions, please contact the Campus & Young Adult Ministry Office at 956-784-5045 or valleayawakeningretreat@gmail.com.*

**About you:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Cell #: (\_\_\_\_) \_\_\_\_\_

Home #: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Age: \_\_\_\_\_

Religion: \_\_\_\_\_

Parish/Church: \_\_\_\_\_

Occupation: \_\_\_\_\_

Medical Conditions/Allergies:

\_\_\_\_\_

\_\_\_\_\_

Dietary Restrictions:

\_\_\_\_\_

\_\_\_\_\_

**What shirt size would you like (circle one)?**

S      M      L      XL      XXL

***In case of an emergency, we may contact:***

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Cell #: (\_\_\_\_) \_\_\_\_\_

Home #: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Cell #: (\_\_\_\_) \_\_\_\_\_

Home #: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

I have enclosed payment for:

\_\_\_ \$60 early bird registration (by June 17, 2016)      \_\_\_ \$80 regular registration (after June 17, 2016)

**\*\*Check/money order payable to: Catholic Diocese of Brownsville, memo: Valley Awakening\*\***

Only applications paid in full will be considered complete. Non-refundable.

**Fun Stuff**

What is your favorite...?

Color: \_\_\_\_\_

Book: \_\_\_\_\_

Bible verse: \_\_\_\_\_

Prayer: \_\_\_\_\_

Movie: \_\_\_\_\_

Saying/Quote: \_\_\_\_\_

Song: \_\_\_\_\_

Hobby: \_\_\_\_\_

Sport: \_\_\_\_\_

Season: \_\_\_\_\_

Cartoon character: \_\_\_\_\_

Three words that describe who you are:

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Where does God fit in your life today? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

How did you hear about Valley Awakening? If someone invited you, please include his/her name.

\_\_\_\_\_  
\_\_\_\_\_

Why are you interested in coming to Valley Awakening? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Where do you feel you stand in your faith? \_\_\_\_\_

\_\_\_\_\_

**Thanks for completing your application!**

**We look forward to see you at the Valley Awakening #5 retreat, July 1-3!**

Please submit your application and payment to:

Campus & Young Adult Ministry  
Diocesan Pastoral Center  
700 N. Virgen de San Juan Blvd.  
San Juan, TX 78589

