

STONEBRIDGE COMMUNITY CHURCH ENCOUNTER WEEKEND

(Please Print)

Today's date:	<input type="checkbox"/> Women's Encounter	<input type="checkbox"/> Men's Encounter
How did you hear about the Encounter Weekend?	<input type="checkbox"/> Church: _____ (Name of Church) <input type="checkbox"/> Friend: _____ (Friend's Name) <input type="checkbox"/> Other: _____	

ATTENDEE INFORMATION

Last name:	First:	M.I.	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss <input type="checkbox"/> Ms.	Marital status (circle one) Single / Mar / Div / Sep / Wid
Do you prefer a nickname? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes:	Birth date: / /		Age: Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Street address:					
P.O. box:	City:	State:	ZIP Code:		
Email Address:					
Cell Phone No:			Home Phone No:		

We would like to speak with your spouse, friends and family members before the Encounter to ask them to pray and encourage you. Please list people who could also serve as an emergency contact (E.C.) through this Encounter.

SPOUSE OR DOMESTIC PARTNER (IF APPLICABLE)

Name of spouse/partner –	E.C.: <input type="checkbox"/> Y <input type="checkbox"/> N	Relationship to you	Home phone no.:	Work or cell phone no.:
			()	()

FRIENDS AND/OR FAMILY MEMBERS

Name of local friend or relative – E.C.: <input type="checkbox"/> Y <input type="checkbox"/> N	Relationship to you	Home phone no.:	Work or cell phone no.:
		()	()
Name of local friend or relative – E.C.: <input type="checkbox"/> Y <input type="checkbox"/> N	Relationship to you	Home phone no.:	Work or cell phone no.:
		()	()
Name of local friend or relative – E.C.: <input type="checkbox"/> Y <input type="checkbox"/> N	Relationship to you	Home phone no.:	Work or cell phone no.:
		()	()

PAYMENT

Funds have been made available so that those who would otherwise be unable to attend can join us. You should not hesitate to accept assistance if needed as one of the functions of a church is to share with each other when necessary.

Price for the weekend:	\$150.00	Amount Paid: \$_____ Paid By: <input type="checkbox"/> Check (payable to StoneBridge Community Church) <input type="checkbox"/> Credit Card via PayPal
------------------------	----------	--

You may also pay AND register online at www.EncounterWeekend.com

_____ <i>Attendee Signature</i>	_____ <i>Date</i>
------------------------------------	----------------------