Northern Michigan DeColores Ministries

Confidential Candidate Registration

The DeColores weekend is open to all who are 18 years of age or older. Married couples are strongly encouraged to attend consecutive DeColores Weekends. It is recommended, but not required, that the husband attend first.

Candidate Information: PLEASE PRINT CLEARLY AND RESPOND TO ALL QUESTIONS

Name _____Email: _____

Name spelling that you want used for Weekend Name Tag (if different from above)_____

Address_____ City_____ State____Zip_____

Home Phone (_____) _____-_____Work Phone (_____) _____-_____

Age ____ Birthdate _____/_____/_____ Male_____Female_____ Occupation_____

Marital Status: Single___Married___Widowed___Divorced___Separated___ If widowed, divorced or separated, how long? _____

Spouse's Name_____ Has your spouse sent in a registration form or attended a weekend? _____ WE#_____

Church _____ Are you baptized? Yes ____ No ____

Church and community organizations: _____

Do you have any physical or health limitations/needs that might require our assistance on the DeColores weekend?
Yes ___No ___ If "Yes", please explain: _____

_____

Are there any emotional or personal stresses that you are presently resolving? Explain briefly: _____

_____

Please give a brief, frank idea of why you wish to attend a DeColores weekend: _____

_____

Upon completion of this form, please return it to your sponsor along with your $10.00 application fee so that he or she may complete the bottom half. ***Checks should be made payable to "Northern Michigan DeColores Ministries".***

_____ _____

Applicant's Signature *Pastor's Signature (requested but not required)*

>>>>>>>>>>>>>>>>>>>SPONSOR—PLEASE FILL OUT COMPLETELY<<<<<<<<<<<<<<<<<<<

1. What are your reasons for recommending this candidate? _____

_____

2. To your knowledge, does this candidate have any physical or emotional problems that would affect participation on a DeColores weekend of which we should be aware? Yes ___No ___ If yes, please explain:_____

_____

3. ESSENTIAL INFORMATION: **Sponsor, please circle the qualities that best describe your candidate.** (**Complete A, B & C**)
A. Shy *or* Outgoing B. Quiet *or* Talkative C. Is a Leader *or* Is a Follower

Spelling of candidate's name for Weekend Name Tag _____

"I am familiar with the qualifications and responsibilities of a sponsor and I am prepared to accept these obligations."

Sponsor's Name_____ Email: _____

Address_____City_____ State _____Zip_____

Home Phone (_____) _____ - _____ Work Phone (_____) _____ - _____ Date: _____/_____/_____

Mail completed application and $10 fee to:
Sharon Stockford
8544 Gedman Rd. NE
Mancelona, MI 49659
Phone: 231-587-8694 dstockfo@freeway.net

FOR INTERNAL USE ONLY:
Date Rec'd ____/____/____ Fee Paid _____
1st Mailing ____/____/____ Response _____ Date ____/____/____
2nd Mailing ____/____/____ Response _____ Date ____/____/____
3rd Mailing ____/____/____ Response _____ Date ____/____/____