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:	
Spelling of name for Weekend Name	Tag (if different)	
Address	City	State Zip
Main Phone ()	□Landline □Mobile Alt Phone () _	
Age Birthdate//	Male Female Occupation	
Marital Status: □Single □Married	□Widowed □Divorced □Separated If widow	wed, divorced or separated, how long?
Spouse's Name		
Has your spouse registered for or atte	ended a weekend? □Yes □No If yes, w	which weekend?
Church you attend		Are you baptized? □Yes □No
Church and community organizations:	:	
Please list any physical or health limita	ations/needs that might require our assistance on the	e DeColores weekend.
Please briefly explain any emotional o	or personal stresses that you are presently resolving.	
Please give a brief, frank idea of why y	you wish to attend a DeColores weekend:	
Applicant's Signature	Pastor's Sig.	nature (requested but not required)
U	lpon completion, please return to your s	sponsor.

>>>SPONSOR—Complete this page and return with CANDIDATE INFORMATION< Sponsor's Name ______Email: ____ City State Zip Phone (______ Landline____ Mobile_____ Candidate's Name _____ What are your reasons for recommending this candidate? ______ 2. To your knowledge, does this candidate have any physical or emotional needs that would affect participation in a DeColores weekend of which we should be aware? □Yes □No If yes, please explain: 3. Which qualities best describe your candidate – Check all that apply: □Shy □Outgoing □Quiet □Talkative □Leader □Follower I have received a checklist of Sponsor Duties and Responsibilities. I am familiar with the qualifications and responsibilities of a sponsor and I am prepared to accept these obligations. Sponsor's Signature_____ Date ____ Mail completed Candidate's & Sponsor's pages and \$15 fee to: (Checks payable to Northern Michigan DeColores Ministries). **DeColores Registration** c/o Carolyn Bell 6874 Glovers Lake Rd Bear Lake, MI 49614 cbell442@yahoo.com (231) 970-1839 FOR INTERNAL USE ONLY: Date Rec'd ____/___ Fee Paid ____ 1st Mailing ___/___/ Response ____ Date ___/___/ 2nd Mailing ___/___ Response ____ Date ___/___/

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3rd Mailing ___/___ Response ____ Date ___/___/