



MEN'S ENCOUNTER APPLICATION

Encounter Date: February 8-10, 2008

Name _____ Preferred First Name _____

I am between 15 and 17 years of age. (Please have parent or guardian complete the release form on the back of this sheet.)

Address _____

City _____ State _____ Zip _____

Phone: (Home) _____ (Cell) _____ (Work) _____

Email: _____ Cell Leader _____

Do you consider Harvest your church home? ____ Yes ____ No

If not, what is your church home if you have one? _____

*If you attend another church, your pastor must sign the Pastoral Blessing Form on the back.

Who invited you to the Encounter? _____

Why would you like to attend the Encounter? _____

Cost of the Encounter is \$95

Is this your first Encounter? **No** **Yes** * If no, how many times have you attended? _____

Is financial assistance needed? **No** **Yes** * If yes, please explain the situation and need.

** Financial assistance may be available for those who attend Harvest. Others may receive financial assistance as funds are available.*

If financial assistance is requested, how much are you able to pay toward the cost? \$ _____
(Please enclose your portion with this application.)

Please enclose a check made out to Harvest Assembly. Payments are non-refundable. Please return this application and your payment two weeks before the Encounter. Harvest Assembly, 525 Kempsville Road, Chesapeake, VA 23320, 547-7717.

Signature of Applicant (required) _____ Date: _____

