

# APPLICATION FOR JOURNEY RETREAT

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Parish \_\_\_\_\_

Date of Weekend for which you are applying:: \_\_\_\_\_

Parents Names \_\_\_\_\_ Work Phone \_\_\_\_\_

\_\_\_\_\_ Work Phone \_\_\_\_\_

Parents' E-mail addresses \_\_\_\_\_

Parents Address if different from above: \_\_\_\_\_

Have you ever been on a Weekend Retreat? Yes No

If so, which ones? \_\_\_\_\_

List any Church/School activities  
in which you are involved:

List your hobbies, interests, talents

Name of your  
Journey Sponsor \_\_\_\_\_ Phone \_\_\_\_\_

1. Has your sponsor explained to you what the Journey Experience is about and answered your questions about the weekend? Yes No \_
2. Has your sponsor informed you that the Weekend begins on Thursday Evening at 7:00 p.m. and ends on Sunday Evening, and that your commitment to the Journey Experience is for that period of time? Yes No

On the back of this application, please write a brief explanation on why you would like to participate in the Journey Experience and what you hope to gain from it.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Please send this completed application with your payment of \$100.00 to:  
**MR. MARK SABATINI, 1847 FERGUSON ST., SCHENECTADY, NY 12303**  
Please make check payable to the Journey Retreat Program