



Group Registration 2010

Encounter July 11 - 16, 2010

Interested parishes/groups should submit this 'Group Application' with a deposit of \$100 per person who will participate.

- 6:1 Youth to Adult Ratio is required. YA's do not count as adults or youth, but have specific expectations. See website for more details, but they should plan to attend from July 10 – 16, 2010 (YA's only).
- Every participant (youth, adult, YA) will be required to complete an application and medical form.
- EVERY adult and young adult leader must have completed their Archdiocesan Child Protection Requirements.
- ALL adult, young adult and primary youth leaders who are attending Encounter must be completely appropriate for this activity. Any concerns should be addressed before registration takes place. Please ask EGL staff for assistance in determining if a person is qualified to participate.
- **The cost of \$400 per person** will be invoiced according to the number of forms received by June 1; late fees will apply to registrations submitted after June 1 (\$50 per)
- Payment in full is due June 30, 2010. *Early registrations will be invoiced at the discount rate.*
- Many parishes set their own fees, based upon scholarships, chaperones, transportation or other needs.
- Parishes are required to participate in some manner of the Encounter program – including but not limited to lunch donations, prayer planning, music, drama, environment, etc. More information will be sent upon receipt of this form

Early Bird registrations:

Groups who have sent complete registration forms before April 20, 2010 will be given a \$50 per person discount. Only those application forms in our registry will be honored at that discount price. Medical forms can be turned in by July 1 with no penalty. Individuals who are not coming with a group or parish should contact us directly for more information.

For more information: Ann Gradowski at annencounter@gmail.com ; 301-704-6009 or our website www.eglweb.org

Encounter Group Registration Form

Date _____

Church/Organization _____

Contact/Responsible Person _____

Mailing Address _____ Zip _____

Phones (W) _____ (C) _____ Fax _____

Email(s) _____

I heard about Encounter from: _____

GROUP LEADER/CONTACT SIGNATURE: _____

I want to reserve our spaces before Encounter fills up! Don't wait, space is very limited.

*Please Reserve

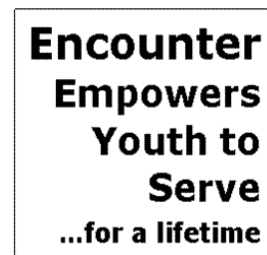
____ Youth spaces

____ Adult spaces

____ Young Adult [18-20yrs] spaces

Total Spaces _____ X \$100/Participant

Deposit Due \$ _____



Send this Form and full Deposit Due (one check) to: Make Payable to "Encounter"

Encounter the Gospel of Life, Attn: Ann Gradowski 10405 Snow Point Drive, Bethesda, MD 20814