

2018 JOURNEY TO DAMASCUS PILGRIM APPLICATION

PLEASE PRINT THE FORM, FILL OUT COMPLETELY, AND RETURN APPLICATION AND FEE TO THE APPROPRIATE MAILING ADDRESS LISTED ON PAGE

LAST NAME: FIRST NAME: MIDDLE NAME:

NAME ON TAG: ADDRESS:

CITY: STATE: ZIP:

E-MAIL:

HOME PHONE: CELL PHONE: WORK PHONE:

DATE OF BIRTH: CAN YOU ATTEND A WEEKEND DATE ON SHORT NOTICE (3 TO 4 DAYS)?: YES NO

REGISTRATION FEE: \$190 – MAKE CHECK PAYABLE TO JOURNEY TO DAMASCUS

2018 CORPUS CHRISTI DATES

WOMEN'S: JTD # 176 APRIL 26-29 MEN'S: JTD # 174 MARCH 15-18

WOMEN'S: JTD # 178 JULY 19-22 MEN'S: JTD # 177 JUNE 21-24

WOMEN'S: JTD # 184 OCTOBER 25-28 MEN'S: JTD # 181 AUGUST 23-26

1ST CHOICE DATE: 2ND CHOICE DATE:

NAME OF CHURCH: DENOMINATION:

OCCUPATION

MARITAL STATUS (CIRCLE ONE): SINGLE MARRIED SEPARATED DIVORCED WIDOWED

NAME OF SPOUSE

HAS YOUR SPOUSE ATTENDED? (CIRCLE ONE): JOURNEY TO DAMASCUS WALK TO EMMAUS CURSILLO TRES DIAS SIMILAR WEEKEND

HAS THE JOURNEY TO DAMASCUS BEEN EXPLAINED TO YOU? (CIRCLE ONE) YES NO

HAS THE FOLLOW-UP PROGRAM OF THE FORTH DAY (REUNION) GROUPS BEEN EXPLAINED TO YOU? YES NO

HAVE YOU ATTENDED?: (CIRCLE ONE): WALK TO EMMAUS CURSILLO TRES DIAS ACTS SIMILAR WEEKEND

IF SO, WHICH WEEKEND? (DATE, NUMBER AND NAME):

IN CASE OF EMERGENCY, PLEASE CONTACT: RELATIONSHIP:

HOME PHONE: CELL PHONE: WORK PHONE:

DO YOU HAVE ANY HEALTH ISSUES REQUIRING A SPECIAL DIET? (WE CAN ACCOMMODATE MOST DIETARY NEEDS) YES NO

DO YOU HAVE ANY HEALTH ISSUES, DISABILITIES, OR REQUIRE ANY MEDICATIONS THAT WOULD AFFECT YOUR PARTICIPATION DURING THE JOURNEY WEEKEND? YES NO

IF "YES" TO EITHER QUESTION ABOVE, PLEASE EXPLAIN:

IN CONSIDERATION FOR PARTICIPATING IN THE JOURNEY TO DAMASCUS RETREAT WEEKEND OR RELATED ACTIVITIES, AND OTHER VALUABLE CONSIDERATION, **I HEREBY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE** THE JOURNEY TO DAMASCUS, THE BOARD OF DIRECTORS, THE BOARD OF TRUSTEES, THE DIOCESE OF CORPUS CHRISTI, THEIR OFFICERS, VOLUNTEERS, SERVANTS, AGENTS, AND EMPLOYEES (HEREINAFTER REFERRED TO AS RELEASEES) FROM ANY AND ALL LIABILITY, CLAIMS, DEMANDS, ACTIONS AND CAUSES OF ACTION WHATSOEVER ARISING OUT OF OR RELATED TO ANY LOSS, DAMAGE, OR INJURY, INCLUDING DEATH, THAT MAY BE SUSTAINED BY ME, OR TO ANY PROPERTY BELONGING TO ME, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES, OR OTHERWISE, WHILE PARTICIPATING IN SUCH ACTIVITY, OR WHILE IN, ON OR UPON THE PREMISES WHERE THE ACTIVITY IS BEING CONDUCTED OR IN TRANSPORTATION TO AND FROM SAID PREMISES.

SIGNATURE:

DATE:

REGISTRATION POLICY

ALL THE INFORMATION WITHIN THIS APPLICATION FORM IS NECESSARY FOR PLACEMENT ON A JOURNEY TO DAMASCUS WEEKEND. PILGRIMS AND SPONSORS SHOULD COMPLETE ALL THE BLANKS AND DISCUSS ANY QUESTIONS. PLEASE GIVE THIS COMPLETED FORM WITH YOUR CHECK, MADE PAYABLE TO THE JOURNEY TO DAMASCUS, TO YOUR SPONSOR FOR SUBMISSION. PILGRIM APPLICATIONS WILL BE ACCEPTED IN THE ORDER THAT THE REGISTRAR RECEIVES THE COMPLETED APPLICATION AND PAYMENT. EACH PILGRIM APPLICATION SHOULD BE ACCOMPANIED BY A SPONSOR APPLICATION. IF THE APPLICATION IS INCOMPLETE OR THE CORRECT REGISTRATION FEE IS NOT SUBMITTED WITH THE APPLICATION, IT WILL NOT BE PROCESSED AND THE APPLICATION AND FEE WILL BE RETURNED.

APPLICATIONS WILL BE ACCEPTED IN THE ORDER THAT THE REGISTRAR RECEIVES THE COMPLETED APPLICATION AND A FORM OF PAYMENT. IF YOU DO NOT RECEIVE A CONFIRMATION/RESPONSE FROM THE REGISTRAR WITHIN TWO WEEKS OF SUBMISSION OF APPLICATION, PLEASE CONTACT THE REGISTER AT J2DAMASCUS@YAHOO.COM.

THE FEE FOR THE WEEKEND IS \$190. PLEASE MAKE CHECKS PAYABLE TO "JOURNEY TO DAMASCUS" AND INCLUDE WITH THIS APPLICATION.

MAIL APPLICATION AND FEE TO:

ANNA ADRIAN, REGISTRAR
c/o CC JOURNEY TO DAMASCUS
825 CANTWELL LANE
CORPUS CHRISTI, TX 78408

REGISTER ONLY IF YOU ARE ABLE TO BE PRESENT FOR THE ENTIRE JOURNEY WEEKEND. IF YOU ARE UNABLE TO ATTEND A JOURNEY ON WHICH YOU ARE CONFIRMED OR ON THE WAITING LIST, PLEASE CONTACT THE REGISTRAR IMMEDIATELY VIA EMAIL AT J2DAMASCUS@YAHOO.COM.

2018 JOURNEY TO DAMASCUS SPONSOR ROLE AND RESPONSIBILITIES

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The Journey to Damascus is an ecumenical weekend whose mission is to promote a renewal or rekindling of life's core religious values. This is accomplished by conducting weekend retreats which lead to a pilgrim becoming more involved in their church community through a strengthening of their relationship with Christ and this larger Body of Christ. Perhaps the greatest act of agape is the sponsor who remains active in the spiritual life of the pilgrims whom they sponsor.

LAST NAME: FIRST NAME: MIDDLE NAME:

MAILING ADDRESS:

CITY: STATE: ZIP:

E-MAIL:

HOME PHONE: CELL PHONE: WORK PHONE:

NAME OF CHURCH: DENOMINATION:

YOUR PILGRIM WEEKEND (NAME, DATE AND LOCATION):

AN ESSENTIAL ELEMENT OF THE JOURNEY TO DAMASCUS WEEKEND IS DEDICATED ACTIVITY WITHIN FOURTH DAY (REUNION) GROUPS. THIS IS A FUNDAMENTAL PART OF THE JOURNEY TO DAMASCUS WEEKEND EXPERIENCE, SO IF YOU ARE NOT CURRENTLY ACTIVE IN A REUNION GROUP, PLEASE MAKE EVERY EFFORT TO JOIN ONE SOON.

NAME OF REUNION GROUP: DATE/TIME OF REUNION GROUP:

IS YOUR REUNION GROUP AVAILABLE DURING THE JOURNEY WEEKEND TO ASSIST YOUR PILGRIM AND/OR THIS TEAM? YES NO

REUNION GROUP CONTACT NAME: PHONE:

WILL YOU TAKE YOUR PILGRIM TO THEIR FIRST REUNION GROUP MEETING AND GUIDE THEM FOR 3 MONTHS AFTER THE JOURNEY WEEKEND? YES NO

ARE YOU AWARE OF ANY OTHER PILGRIM OR TEAM MEMBER PARTICIPATING IN THIS SAME JOURNEY WEEKEND WITH WHICH YOUR PILGRIM IS FAMILIAR OR RELATED? YES NO

IF "YES", PLEASE PRINT THE PILGRIM OR TEAM MEMBERS NAME(S):

SIGNATURE: DATE:

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