

# CHAMBERS WESLEYAN CAMP – RETREAT REGISTRATION FORM 2011

## TEEN DISCIPLES' RETREAT

Name: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Female  Male Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Grade just completed: \_\_\_\_\_  
Health Ins. Co.: \_\_\_\_\_ Member/ID No.: \_\_\_\_\_ Group No.: \_\_\_\_\_  
Parent/Guardian/Spouse: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_  
Emergency Contact (Not listed above.): \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Church: \_\_\_\_\_ Church Phone: (\_\_\_\_) \_\_\_\_\_

### Walk-in registrations will not be accepted for this retreat.

- Disciples' Retreat will begin on **Sunday, August 14** at 6:00 PM.
  - Disciples' Retreat will conclude on **Wednesday, August 17** at 10:30 AM.
- This retreat will include spiritual growth seminars, awesome times of worship, challenging rallies, great food, swimming and recreation. Student must be entering the 8th grade to register for this retreat.*
- Retreat cost is \$70.00 and must accompany this form postmarked by August 8, 2011

- Make checks payable to "**CNY District Wesleyan Youth**" and send them with all necessary forms to:  
Rev. Mike Gallant at 8725 Haskinville Road, Cohocton, NY 14826
- For additional information contact Mike Gallant at (607) 324-5149 or [disciplesdirector@gmail.com](mailto:disciplesdirector@gmail.com)

All necessary forms should be at your church, or at the web site: [www.cnyyouth.com](http://www.cnyyouth.com)

Everyone needs to bring a sleeping bag, pillow, BIBLE, toiletries, clothes for varying weather conditions. You also need to bring a pen and paper for taking notes.

If you play an instrument and/or sing would you like to be part of the Disciples' Retreat worship team? If so, Please indicate here and complete the WORSHIP TEAM VOLUNTEER FORM found on the last page of this Registration Form.

Instrument(s) \_\_\_\_\_  Voice

### CAREFULLY NOTE THE FOLLOWING

A **DISCIPLES' RETREAT HEALTH FORM** must accompany this registration form. All campers are required to submit a Health Form for the retreat. It must be filled out completely and signed by their parents unless the student is 18 years old.

*(Please remember this is a DISCIPLES' RETREAT HEALTH FORM not the regular CAMP HEALTH FORM.)*

**ESSENTIAL NOTICE:** Due to the high expectations required and anticipated at this type of retreat, there is zero tolerance to alcohol, tobacco, drugs, gambling, electronic devices including cell phones, PDA (Public Display of Affection), immodesty, pranks, or sneaking out of assigned housing after hours. All violators will be sent home immediately!

I agree that the above named child may participate in the Teen Disciples' Retreat at Chambers Wesleyan Camp & Ministry Center. In the event that this child requires medical treatment and I cannot be reached at the phone numbers above, or the situation demands immediate action, I authorize the camp staff to act on my behalf. I understand that injuries can occur during recreational activities, and I will not hold The Wesleyan Church, the Central New York District of the Wesleyan Church, the Chambers Wesleyan Camp, or any of its staff or volunteers responsible for such injuries.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### OFFICE USE ONLY

- Registration Form Complete
- Amount Due \_\_\_\_\_

*("Rules for acceptance and participation in these programs are the same for everyone without regard to race, color, national origin, age, sex or handicap. Any person who believes he/she has been discriminated against in any USDA/related activity should write immediately to the Secretary of Agriculture, Washington DC 20250.")*

## 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> Year Applicants

This portion of the registration form **MUST** be completely filled out by the student, and their own pastor or youth pastor/leader, and accompany the first page of this registration form. Without this page of the form the registration will not be accepted.

*If additional space is needed to answer the questions below, please attach any additional sheets to this form.*

### RETREAT APPLICANT QUESTIONS – 1<sup>ST</sup> YEAR

1. Briefly describe the circumstances surrounding the time of your conversion (NOT JUST WHERE AND WHEN BUT HOW IS GOD SHAPING YOUR LIFE?).
2. What is your motivation for having a deeper relationship with God? (Not to just know Him more)
3. What is your greatest spiritual need?(If unsure, talk with youth pastor)

### RETREAT APPLICANT QUESTIONS – 2<sup>ND</sup> & 3<sup>RD</sup> YEARS (Please circle year.)

1. Have you continued in your commitment to Christ this past year? (How is God continuing to shape your life?) Please explain how.
2. What is the greatest area of spiritual struggle for you currently?
3. What skills or knowledge have you gained from your participation in the Disciple's Retreat that have helped you the most in your walk with Jesus Christ?

### PASTOR/YOUTH PASTOR/LEADER EVALUATION

1. To the best of your knowledge has this student experienced the gift of salvation? Yes  No
2. Does this student have a genuine desire for a deeper relationship with God? Yes  No
3. Please explain any reservations you have about this student's maturity, attitude or conduct.
4. In the last year has this students grown, declined, or hit a plateau?
5. Has anything happened in the student's life in the past year that has affected their walk with God? (death, bullying, parent's divorcing, etc.)
6. Why do you recommend this student as a participant at the Disciple's Retreat?

Pastor/Leader Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## 4<sup>th</sup> and 5<sup>th</sup> Year Applicants

This portion of the registration form **MUST** be completely filled out by the student, and their own pastor or youth pastor/leader, and accompany the first page of this registration form. Without this page of the form the registration will not be accepted.

*If additional space is needed to answer the questions below, please attach any additional sheets to this form.*

### RETREAT APPLICANT QUESTIONS – 4<sup>TH</sup> & 5<sup>TH</sup> YEARS

1. Have you continued in your commitment to Christ this past year? Please explain how.
2. What is the greatest area of spiritual struggle for you currently?
3. If you are a 4<sup>th</sup> year student, have you completed the list of requirements for acceptance into the fourth year program? If not which one(s) have you failed to complete and why?
  - Pursue membership in the Wesleyan Church. Yes  No  \_\_\_\_\_
  - Begin regular tithing. Yes  No  \_\_\_\_\_
  - Be involved in two different ministries within your local church. Yes  No  \_\_\_\_\_
  - Help in the planning of a major church event. Yes  No  \_\_\_\_\_
  - Develop a consistent devotional life. Yes  No  \_\_\_\_\_
  - Attend one Local Board meeting at your church. Yes  No  \_\_\_\_\_Continue answers: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. If you are a 5<sup>th</sup> year student, is there anything you believe you still lack an understanding of in order to be an effective lay member of your local church?

### PASTOR/YOUTH PASTOR/LEADER EVALUATION

1. To the best of your best knowledge has this student experienced the gift of salvation? Yes  No
2. Does this student have a genuine desire for a deeper relationship with God? Yes  No
3. Please explain any reservations you have about this student's maturity, attitude or conduct.
4. Why do you recommend this student as a participant at the Disciples' Retreat?

Pastor/Leader Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**This form is for those who play an instrument and/or sing and would like to be part of the Disciples' Retreat worship team sometime throughout the retreat.**

### WORSHIP TEAM VOLUNTEER FORM

Name: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Female  Male Age: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Church: \_\_\_\_\_ Church Phone: ( ) \_\_\_\_\_

1. Do you play any instrument(s) ? If so, what instrument(s)? \_\_\_\_\_

2. What instrumental experience do you have ? \_\_\_\_\_

\_\_\_\_\_

3. Do you sing ? If so, what vocal experience do you have? \_\_\_\_\_

\_\_\_\_\_

4. Do you have instrumental experience in worship, or as part of a worship team? \_\_\_\_\_

\_\_\_\_\_

5. Do you have vocal experience in worship, or as part of a worship team? \_\_\_\_\_

\_\_\_\_\_

6. Why do you want to be part of the worship team? \_\_\_\_\_

\_\_\_\_\_

7. Do you read music?  Yes  No How well? \_\_\_\_\_

Why do you recommend this student to participate as part of the worship team at the Disciples' Retreat?

Pastor/Leader Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please completely fill out the necessary forms and send it directly and quickly to:**

Rev. Mike Gallant  
8725 Haskinville Rd.  
Cohocton, NY 14826  
607-324-5149  
[disciplesdirector@gmail.com](mailto:disciplesdirector@gmail.com)