

CHRISTIAN EXPERIENCE WEEKEND
ST. ANN'S / OUR LADY OF THE RIVER
REGISTRATION FORM

Women's Weekend
March 5, 6, 7, 2010

Men's Weekend
March 19, 20, 21, 2010

Please fill out this registration as completely as you can (both sides). All information is optional, but it will help the team to know you as an individual better. This application will be destroyed at the end of the weekend.

Name _____ Phone _____

Complete Address _____

Email Address _____

Occupation _____ Employer _____

Date of Birth _____ Marital Status _____

Spouses Name _____ Children (Name/Age) _____

Church Affiliation _____ Have you made a CEW or a Cursillo before?
Yes / No

Has a family member or friend made a weekend? Yes / No (if yes, please provide their name/s) _____

Who recommended CEW to you? _____

What are your expectations from this weekend? What do you hope it will do for you?

USE BACKSIDE OF THIS APPLICATION FOR MORE DETAILS TO ANY QUESTION

FEES: The total cost for the weekend is \$35.00 per individual. A \$10.00 deposit is required with your registration. **It will be returned if you are unable to attend, and notify us at least five days prior to the beginning of the weekend.** Please make checks payable to: St. Ann's CEW.

RETURN REGISTRATIONS TO

Melissa Brimeyer
701 S. 9th Ave.
Eldridge, IA 52748
563-285-5288

Dan Elskamp
2743 E. 50th St. Ct.
Davenport, IA 52807
563-386-4099

CEW Use only:
Date Rec'd: _____ Amt Rec'd: _____ Cash / Check # _____
Notes:

HEALTH INFORMATION:

Do you have any special health, physical, dietary needs or food allergies?

Yes / No (If yes, please explain) _____

Please list any other known allergies: _____

IN THE EVENT OF AN EMERGENCY, PLEASE CONTACT:

Name: _____ Preferred Hospital: _____

Phone: _____ Doctor: _____

Any special instructions: _____

Are you a nurse or doctor? Yes / No (If yes, please describe) ____
