



Capuchin Youth & Family Ministries

P.O. Box 192 – 781 Route 9D, Garrison, NY 10524

845-424-3609

Email: cyfm@cyfm.org Website: www.CYFM.org

Day by Day Agape Retreat Program – GIRLS' Application

Registration Deadline is the Tuesday prior to the Retreat

Please Print Clearly. Incomplete or illegible applications cannot be processed, and will be returned.

CYFM, a ministry of the Capuchin Province of St. Mary, offers retreats and programs through the financial support of the Province and its donors! Become one today!



*Original Application
must be mailed to CYFM*

Retreat Date: _____

HS Graduation Year: _____

Name: _____
First Middle Initial Last Name Tag (nick) Name

Address: _____
Number & Street City/Town State Zip

Age: _____ Date of Birth: ____/____/____ Gender: Female Male Home Phone: _____
(Area Code) Number

E-Mail: _____
Acceptance letter with details will be sent, please ck your e-mail. **Print Clearly:** zero:Ø, l, i L, l, O, o
Don't MISS a thing, to sign up for Flocknote, CYFM's text message communication system, text **CYFM** to 84576. We'll send important updates and info; secure and respectful

We send our electronic newsletter to everyone (keep an eye out for it, you may be in it!) Check here to also receive e-mail updates about CYFM programs/events: Applicant Parent

School: _____ Grade: _____

Parish _____
Name City

Medical conditions/illnesses/allergies/diet _____

Please notify our office if this applicant is exposed to any communicable disease during the three weeks prior to this retreat.

Referred to CYFM by _____

Are You a Baptized Catholic? Yes No 1st Reconciliation? Yes No
Were you confirmed? Yes No 1st Communion? Yes No

How do you describe yourself? Outgoing Quiet Follower Leader Unsure

Hobbies and interests: (Sports, drama, music, art, etc.) _____

Please complete the back of this application including a short paragraph on why you would like to make a DDA weekend.

Submit application and deposit to the Parish DDA Coordinator. A CYFM Rep. will do orientation via phone call if there is no Coordinator at your Parish, just check here and mail application:

DDA Coordinator Name: _____ Phone: _____
DDA Coordinator Signature: _____

-----Please do not write below – for CYFM office use only.-----
Date Received: _____ Deposit: _____ Full Payment: _____ Sponsor: _____
Const Ent: _____ Part Ent _____ App Ack _____ Acceptance letter sent: _____

