



Capuchin Youth & Family Ministries

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

845-424-3609

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

Day by Day Agape Retreat Program

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

Registration Deadline is the Tuesday prior to the Retreat

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

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, I, i L, l, O, o

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

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

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

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: _____

Parent/Emergency Contact Information

Parent contact info, including email address is needed for orientation and to send them important info.

Mother or Legal Guardian's name:	Father or Legal Guardian's name:
Address (if different from retreatant's): _____ _____	Address(if different from retreatant's): _____ _____
Home Phone if different from retreatant's	Home Phone if different from retreatant's):
Work Phone:	Work Phone:
Cell Phone:	Cell Phone:
Email:	Email:

Payment

\$ 125.00 CYFM's cost to provide retreat
(-) _____ Deduct \$10 for **early bird** if postmarked 9 days prior to retreat and sent with original application and deposit.
(-) \$75.00 Deposit due by Tuesday prior to retreat
_____ Balance due at registration check in.

Describe in a few sentences why you want to attend a DDA Weekend:

Applicant's Signature _____