



HOPE³ Weekend Participant Application

All information is confidential and will be used for the purposes of planning the HOPE³ Weekend.

PLEASE PRINT LEGIBLY

Name _____ Name for name tag _____

Address _____

City _____ State _____ Zip _____

Cell Phone _____ Other Phone _____ Age _____

E-mail Address _____

Marital Status _____ Name of Spouse (if applicable): _____

Has your spouse attended a Weekend? Yes ___ No ___ If yes, when was his or her Weekend? _____

Your Occupation _____

Hobbies or Interests _____

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Health information:

Special dietary needs? Yes ___ No ___ If yes, what kind ? _____

Food Allergies _____ Favorite Food _____

Are there any physical conditions which would limit your participation during the weekend? Yes ___ No ___

If yes, please explain _____

Do you have any special medication needs? Yes ___ No ___

If yes, please explain _____

Emergency Contact Information:

Primary Contact Name & Number _____

Secondary Contact Name & Number _____

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Please indicate in a brief statement why you wish to participate in the HOPE³ Weekend:

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A HOPE³ Weekend is a 72-hour opportunity to experience the knowledge and love of Jesus Christ. This is not a retreat, but rather is an experience in awakening to the presence of a faith that already exists. Activities, talks, film clips and discussions will all focus on the basics of Christianity.

Has your sponsor explained the HOPE³ Weekend to you (and your spouse)? Yes ___ No ___

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Applicant's signature: _____ *Date:* _____

Please return this form to your sponsor for mailing to HOPE³.