



crossroads

**CR WEEKEND DATES:
FEBRUARY 12-15, 2010**

BELIEVER APPLICATION

“Which road will you take?”

“Go stand at the crossroads and look around. Ask for directions to the old road, the tried and true road. Then take it. Discover the right route for your souls...” Jeremiah 6:16

CrossRoads is a community of believers in the Lord Jesus Christ. It consists of students and young adults seeking God’s direction in the many avenues of their lives. We are a lay-led movement with active pastoral participation. We are a non-profit organization that actively seeks the participation of people from all Christian denominations. The CrossRoads weekend endeavors to bring Christians to a closer, more personal walk with the Lord Jesus Christ, encouraging them to positions of Christian leadership and action in their home church.

The weekend will be spent in a Christian community participating in a combination of carefully developed activities and teachings that are meant to lead to a fuller personal commitment to Christ. The main teaching of CrossRoads is God’s unqualified love for each of us through His grace. Our prayer is that young men and women who attend this weekend will identify the crossroads in their lives and chose the direction/path God has laid out for them in Scripture.

The total cost for the weekend is \$120.00. A \$60.00 deposit, which is applied toward the total cost, should be submitted with the complete application packet to hold your reservation. Please make your check out to **CrossRoads** and return the completed application packet to: P.O. Box 472, Ellendale, TN 38029. (The two reference letters may also be returned--by your references--to this box number, marked “Reference Letter”).

PERSONAL INFORMATION

Name _____
First Middle Last Nickname or preference

Current Address _____
Street Address / PO Box

City, State Zip () Home Phone () Cell Phone

Email _____ **Date of Birth** _____ Male Female

Emergency Contact _____
Name Relationship to You

Street Address / PO Box City, State Zip
() () ()
Home Phone Work Phone Second Contact Name Phone

Who encouraged you to attend CrossRoads? _____

Do you require any type of a special diet? Vegetarian Lactose Intolerant Diabetic Food Allergy

Other/List Allergy: _____

Will you be taking any medications this weekend? Please list along with any special instructions.

T-Shirt Size: Small Medium Large XL XXL XXXL

CHRISTIAN LIFE INFORMATION

Current Church Name _____
Denomination _____
Address / City, State Zip _____
Phone () _____
Pastor's Name _____
How long have you attended? _____

List what you think are two of your greatest personal strengths and weaknesses.

STRENGTHS	WEAKNESSES
1. _____	1. _____
2. _____	2. _____

Answer the following on a separate sheet of paper.

1. Tell us how and when you came to know Jesus Christ personally.
2. What are your regular habits of prayer, quiet time, etc.?
3. Why would you want to attend a CrossRoads weekend?

REFERENCES

To assist us in evaluating your application, we need references from two people (a Church leader & an adult). Please provide us with names of appropriate individuals and forward the enclosed reference forms to them. The letters need to be returned under separate cover by the reference to P.O. Box 472, Ellendale, TN 38029.

Reference #1: _____
Title First Name Last Name
()
Street Address / PO Box City, State Zip Phone

Reference #2: _____
Title First Name Last Name
()
Street Address / PO Box City, State Zip Phone

I hereby release and agree to hold harmless *CrossRoads* and *Faith Walk*, its Secretariat, and the weekend servants from any and all liability regarding any claims for personal injuries and damage to or loss of personal property that I may incur during any activity sponsored by *CrossRoads* or *Faith Walk*. ***If under 18, parent signature required.**

_____	_____
Applicant Signature	Parent Signature (if required)
_____	_____
Date	Date

We cannot reserve your space until the deposit is paid. Reservations are on a first come, first served basis and this reservation does not guarantee a place on the next walk. This application will be reviewed by the *CrossRoads Believers Committee* upon receipt of a **completed application packet**. An attendance letter of confirmation will be sent out to you prior to the Walk Date.



**REFERENCE
REQUEST FOR
REGISTRATION**

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In order to assist in the application evaluation process, the applicant has submitted your name as a reference in this young person's Christian life.

Please answer the following to the best of your ability. Please use a separate sheet if needed.

1. Applicant Name (please print): _____

2. Under what circumstances have you known the applicant? (Check all that apply.)

- Home School Church Business Pastor Other

3. How long have you known the applicant? _____

4. Based on the fact that two of the goals of a CrossRoads weekend are a more personal walk with Christ and Christian leadership growth, what would you consider to be two of the applicant's strongest spiritual areas?

4. What is the applicant's level of teachability? _____

5. What is the applicant's attitude towards authority? _____

* Please call for further discussion: YES NO

Name (please print)

Date

Signature

()

Phone



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Name (please print)	Date
Signature	() Phone

APPLICATION PACKET CHECK LIST:

- COMPLETED APPLICATION WITH REQUIRED SIGNATURES
- 2 REFERENCE REQUESTS ARE IN THE HANDS OF REFERENCES
- CHECK FOR DEPOSIT- \$60