

Youth Encounter Weekend Team Application

Name: _____ Age: _____

Address: _____

City: _____ State: _____ Zip _____

Phone number: _____ Email: _____

When did you make your Youth Encounter? _____

Are you grouping regularly? _____ If "NO", why not? _____

Do you regularly attend Follow Up? _____ If "NO", why not? _____

Have you served on team before? _____

If yes, in what role? _____

How are you living out your "4th Day" at home? At school? With your friends?

How are you serving the Lord in your Church community? _____

Why do you want to be on team?? _____

Do you play a musical instrument? _____ If yes, which one(s)? _____

Are you interested in sharing your musical talent on the weekend? _____

Mail application to: Joshua and Jennifer Rapavi Email: jennifer.sorensen@snc.edu
811 Hemlock St.
Ishpeming, MI 49849

You can also submit an application online at youthencounter906.com/team