

MARYLAND KALOS APPLICATION TO ATTEND A KALOS WEEKEND

High School (15 & completed 9th grade - 18) Young Adult (18-24 and out of High School)

TO BE FILLED OUT BY APPLICANT (Please Print)

Name: _____ Age: _____ Sex: _____ Date of Birth: _____

Name for your tag: _____ Phone: _____ Grade: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email: _____ T-Shirt Size: _____

Please print clearly as this is used to communicate with you

Name & Denomination of Church you attend: _____

Name of Pastor: _____

State briefly why you wish to attend a Kalos Weekend, what you expect from it and anything about yourself:

(You may continue on the back)

Applicant signature: _____ Date: _____

IF UNDER 18 YEARS OF AGE, PLEASE HAVE PARENT/GUARDIAN TO FILL OUT:

Name of Parent/Guardian (please print): _____

Parent/Guardian signature: _____ Date: _____

Parent email: _____

(for essential weekend information only, we will not send you other emails)

Would you, the parent or guardian, like to discuss this Kalos weekend with a Kalos representative? Yes No

Please contact me by:
(home phone) _____ (work phone) _____ or Email _____

The above information is necessary for your placement on your Kalos weekend. Please fill in all blanks. Please enclose a pre-registration deposit of **\$40** payable to Maryland Kalos. There will be no additional cost to you other than this deposit. The rest of the cost of a Kalos weekend will be paid for you by others who have enjoyed a similar experience and wish to share that experience with you as a gift of love.

This is only an application. Your sponsor will supply you with information about the dates for upcoming weekends and when you might expect to attend a Kalos weekend.

Please return this application with the \$40.00 deposit, and the medical authorization and release form found on page 2, to your sponsor or the person who provided it to you.

MEDICAL AUTHORIZATION AND RELEASE FORM:

I am covered by health/hospitalization insurance: Yes No

Company: _____ Group No. _____ Policy Number: _____

Policy Holder: _____ Relationship: _____

I authorize treatment for myself or my dependent by a qualified care giver in the event I cannot be reached in case of emergency. I authorize hospital/care givers to release any information to any insurance companies or agencies that may apply. Yes No

Known Allergies: _____

Prescription drugs: _____

Do you have any health problems that may affect your attendance? Yes No

If yes, please specify: _____



**RELEASE FORM MUST BE SIGNED BY PARENT/GUARDIAN
IF YOU ARE UNDER 18 YEARS OF AGE**

I (parent/guardian) do hereby release Maryland Kalos/ 7 Mile Walk With Jesus from any and all damages or injuries that occur under reasonable supervision and care. Yes No

During the Kalos weekend photos are taken which may be used by Maryland Kalos to promote their program through a website and facebook page.

I prefer that my child's photo not be used for the above purpose: _____

Maryland Kalos has my permission to use photos of my child: _____

PARENT/GUARDIAN SIGNATURE: _____ Date: _____

TO BE COMPLETED BY SPONSOR:

Sponsor's Name: _____ Phone: _____

Email Address: _____

Please print clearly as this is used for all communication with you

Address: _____

City: _____ State: _____ Zip: _____

When and where did you make your weekend? Specify Kalos (Chrysalis), 7 Mile Walk with Jesus (Emmaus), Cursillo or other:

Have you attended a Fourth Day Workshop? Yes No When?

Sponsor's Signature: _____ Date: _____

The weekend fee is currently posted on the MD Kalos Website (<http://www.mdkalos.org>)

Weekend Fee Enclosed: Yes No Will Submit by: __/__/__ Financial Aid Needed Yes No

Please send this application to:

**DV Yost
7142 Susans Pass
Elkridge, MD 21075**

Questions: Contact dv@mxyost.com

