

RESIDENTS ENCOUNTERING CHRIST

Crow Wing County Application Form

Facility Name CrowWing Co. Jail REC # _____ Today's Date ____/____/20__

Name _____
First _____ Full Middle _____ Last _____

Permanent Address _____

City _____ State _____ Zip _____ Phone { _____ } _____

E-Mail Address _____

Sex _____ Marital Status _____ Spouses Name _____

Place of Birth _____ Date of Birth ____/____/____

Drivers License # _____

What retreats have you been on? Position? _____

Religion _____ Do you have special health needs? ____ Yes ____ No

If yes, please explain on back of this form.

Name(s) of reference _____

Reason you want to participate _____

POSITION I APPLYING FOR

Conference Room

____(LD) Director ____ Team Table

____(SD) Director ____ Musician

____ Resource ____ Other
(Explain below)

Reunion

____ Director ____ Team

____ Musician

Wheat Room

____(WLD) Director ____ Cook

____(WSD) Director ____ Wheatie

____ Other
(Explain below)

Would you be willing to give a talk? ____

Mail to:

REC c/o

Mike Daly
12774 Silver Lake Road
Merrifield, MN 56465

Phone (218) 251-1612

Email - <mailto:lunge65@hotmail.com>

Or Apply online: <http://www.nemnrec.org>