



APPLICATION

INSTRUCTIONS

1. Print and complete application.
 2. Mail to Jane Owens, 1928 E Basil St, Strasburg, CO 80136
- **** If you have a roommate request, both applications should include the other's name

PAYMENT INFORMATION

Deposit of \$50 due by August 31, 2019

Fee: \$150

Remainder due by September 30, 2019

I WILL PAY BY: Check
Mail to 1928 E Basil St
Strasburg CO 80136

PayPal
Email Jane for Invite

NAME: _____

GENDER: M F

ADDRESS, CITY, STATE ZIP: _____

DOB: _____

EMAIL: _____

AGE: _____

HOME PHONE: _____

MOBILE PHONE: _____

PARISH: _____

ROLE: Laity Clergy

ROOMMATE REQUEST, IF ANY: _____*

SMOKER? Yes No

SPECIAL NEEDS? Dietary Disability Health None

DESCRIBE: _____

EMERGENCY CONTACT: _____

RELATIONSHIP: _____

CONTACT HOME PHONE: _____

CONTACT MOBILE PHONE: _____

SIGNATURE

DATE