

Cleansing Stream Youth – Into the Deep

Retreat Registration Form



Step 1: Make your retreat selection! Find the current retreat dates at www.cleansingstream.org

Season	Location <i>(choose one)</i>	<input type="checkbox"/> 4/20-21 Atlanta, GA	<input type="checkbox"/> 4/27-28 Charlotte, NC	<input type="checkbox"/> 3/30-31 Flint, MI	<input type="checkbox"/> 4/27-28 Fremont, CA	<input type="checkbox"/> 4/13-14 Ft. Worth, TX
<input type="checkbox"/> Spring	<input type="checkbox"/> 4/27-28 Ft. Wayne, IN	<input type="checkbox"/> 5/4-5 Houston, TX	<input type="checkbox"/> 4/20-21 Lansing, MI	<input type="checkbox"/> 5/18-19 Laurel, MT	<input type="checkbox"/> 5/18-19 Lynnfield, MA	<input type="checkbox"/> 5/4-5 Minneapolis, MN
<input type="checkbox"/> Fall	<input type="checkbox"/> 3/30-31 Omaha, NE	<input type="checkbox"/> 4/20-21 Orange, TX	<input type="checkbox"/> 4/20-21 Pagosa Springs, CO	<input type="checkbox"/> 3/15-16 Phoenix, AZ	<input type="checkbox"/> 5/4-5 Pittsburgh, PA	<input type="checkbox"/> 5/18-19 Salem, OR
	<input type="checkbox"/> 4/20-21 San Antonio, TX	<input type="checkbox"/> 4/27-28 Scotch Plains, NJ	<input type="checkbox"/> 4/20-21 Seattle, WA	<input type="checkbox"/> 5/18-19 Tucson, AZ	<input type="checkbox"/> 5/11-12 Watford City, ND	<input type="checkbox"/> 5/4-5 Yakima, WA

Step 2: Complete your registration information [Please Print] First time to attend a CSM Regional Retreat

Mr. Ms. _____ (____ / ____ / ____)

First _____ Last _____ CSM ID # *(if available)* _____ Birth Date _____

E-mail *(required for online registration)* _____ Home Phone _____

Address New since I last attended a CSM Retreat _____ City _____

State/Province _____ Zip/ Postal Code _____ Country *(Other than USA)* _____

Name of Church where you attended CSY-Into The Deep *(if applicable)* _____ City, State _____ Denomination _____

CSY Coordinator *(if applicable)* _____

Step 3: I commit to complete the following

- View the four main teaching session videos and complete the associated homework prior to the retreat.
- View the fifth main teaching session video and complete the associated homework following the retreat.

Step 4: Parental/Guardian authorization for attendance

With my blessing and covering I give permission for the above minor to participate at the Cleansing Stream Retreat.

Parent/Guardian Signature _____ Date _____ Parent/Guardian Name _____

Step 5: Determine your applicable fees

Choose One **Early** Registration Fee \$50 – If received **MORE THAN** 14 days prior to the retreat start date. _____

Regular Registration Fee \$60 – If received 14 days **OR LESS** prior to the retreat start date. _____

If Applicable **Fax/Mail Processing Fee \$5** – Our desire is that all would take advantage of the online registration provision but should you decide to fax or mail your registration for entry by Cleansing Stream a \$5.00 processing fee per registration will be added to the retreat fee. _____

SUBTOTAL _____

+ MY GIFT to support the Ministry of Cleansing Stream. _____

GRAND TOTAL

Step 6: Turn in your registration form and payment to your CSY Coordinator for online registration.

“The Spirit of the Lord is upon Me, because He has anointed Me to preach the gospel to The poor...to heal the brokenhearted, to proclaim liberty to the captives...” Luke 4:18