

Sponsor Form

Diocese of Springfield

PLEASE PRINT OR TYPE!

Registration Deadline: Feb 7, 2010

This form is to be completed by any adult desiring to serve as an Adult Sponsor at a New Beginnings Weekend. A new form is required for each event.

EVENT: *NEW BEGINNINGS #25, Feb 19-21, 2010, Epworth Camp, Louisville, IL*

NAME: _____ **B-DAY:** _____ **SEX:** M F

ADDRESS: _____ **PHONE:** _____

CITY: _____ **STATE/ZIP:** _____

Email: _____

HOME CHURCH: _____

In Case of Emergency, Contact: _____

INSURANCE CO: _____ **POLICY #:** _____

HEALTH CONCERNS (medication, allergies, surgeries)?

THE COST FOR A NEW BEGINNINGS WEEKEND IS \$60. Please make checks payable to "Diocese of Springfield- Youth". Fee is due with this application.

Please read and sign this statement:

+ I have never been charged or convicted of sexual misconduct or abuse.

+ I understand the general guidelines of behavior: that NO alcohol, illegal drugs, tobacco or sexual misconduct will be permitted at the event. I will assume my transportation costs if problems occur at this event.

SPONSOR'S SIGNATURE: _____ **DATE:** _____

The following section must be completed by priest, pastor, minister or senior warden of the congregation the sponsor is affiliated with.

To the best of my knowledge, the above-named individual:

+ does not have any circumstance in their background that would call into question their being entrusted with the supervision, care, or guidance of youth.

+ has never been charged or convicted of sexual misconduct or abuse, and

+ is doing their best to pattern their lives in accordance with the teachings of Christ, striving in all things to be a wholesome example to God's people.

PRIEST, PASTOR, MINISTER OR SR. WARDEN SIGNATURE: _____ **DATE:** _____

TITLE: _____ **CONGREGATION:** _____

PLEASE RETURN COMPLETED FORM TO: New Beginnings, 214 Fieldspring Ct, O'Fallon IL 62269 (618) Late registration / Apply for scholarship? Call 618-624-1909 soonest. Thanks.