

TIROSH APPLICATION

Office Use Only

Chk Amt _____

Date Rec'd _____

To be filled out by the Applicant (please print legibly)

Full Name _____ E-mail address _____

Name you prefer for your name tag _____

Address _____ City _____ AZ Zip _____

Cell Phone _____ Home Phone _____

Date of birth _____ Male ___ Female ___
(must be 15 by start of weekend)

Mother's Name _____ Mom's email _____

Mother's Address (if different) _____

City _____ Zip _____ Mother's Phone (if different) _____

Father's Name _____ Dad's email _____

Father's Address (if different) _____

City _____ Zip _____ Father's Phone (if different) _____

Name of school you attend _____ Grade _____ Are you baptized? _____

Name of church you attend _____

State briefly why you want to participate in TIROSH and what you expect from it.

The cost for the weekend is \$75.00. Please enclose a deposit of \$25.00 made payable to "TIROSH". The remaining \$50.00 will be collected as you check-in at your weekend. Scholarships are available with written request from your pastor.

Applicant's Signature (required) _____

Please complete the **Medical Release Form** on the back of this page and return the Application to your **TIROSH** Representative. Spaces at **TIROSH** are limited, so it is wise to submit your application promptly and important to notify your **TIROSH** Rep **immediately** if you cannot attend.

MEDICAL RELEASE FORM

_____ has my permission to attend **TIROSH**. In the event of an illness or injury, the **TIROSH** staff has my permission to secure the services of licensed medical professionals to provide the treatment necessary, including anesthesia, for my child.

Doctor (required) _____ Phone (required) _____

Insurance Carrier (required) _____ Policy # (required) _____

Does this youth have a special diet? NO _____ YES _____ Describe _____

Does this youth take daily medication? NO _____ YES _____ Type _____ Dosage _____

Note: All prescription & OTC medications will be collected & logged at registration and administered by an adult team member during the weekend.

Please indicate food or drug allergies of which we should be aware or other conditions you wish to share regarding this youth. _____

Parent or Guardian Signature (required) _____ Date _____

APPLICANT: Return this form with your deposit to your **TIROSH** Representative. Acceptance is determined on first come, first served basis. You will be notified by mail when your application is received.

All information below must be completed by TIROSH Representative

Sponsor _____ Email address _____

Address _____ City _____ AZ Zip _____

Phone where you can be reached during weekend _____ Signature _____

Has sponsor attended Cursillo or Tirosh Leader's School? **YES** **NO**

Applicant's T-shirt size (circle) Small Medium Large X Large XX Large

Pastor's recommendation: The applicant has been instructed on receiving communion. _____ Yes _____ No

Youth is a **member** _____ **non-member** _____ (A letter of recommendation must be attached for non-member)

Pastor's signature (required) _____ E-mail _____

TIROSH rep signature _____ E-mail _____

TIROSH Representative: Please send **completed application along with deposit** to:

Lynn Morey 602.510.7741
9060 West Banff Lane morey1@cox.net
Peoria, AZ 85381-3552