

Ministry of the Third Cross Retreat Registration

Date: _____

Name: _____

Mailing Address: _____

Phone # (____) _____

Sid#/TDCJ# _____

Cause# _____

Probation/Parole Officer: _____ Phone# _____

Emergency Contacts: Name: _____

Ph. # _____ Relationship: _____

Does your emergency contact know you are involved in the criminal justice system? If not, do you have an **Alternative Emergency Contact**:

Name: _____

Ph. # _____ Relationship: _____

Special Conditions (ELM, Breathalyzer, etc.) _____

Medications: _____

Allergies (Food, medicines, etc.) _____

Smoker/Non-Smoker (No Vaping Allowed) Yes _____ No _____

T-Shirt Size: _____

Have you ever attended a Ministry of the Third Cross Retreat? Yes__ No__ When _____

What religious faith group are you most closely associated with if any? Please Circle one.

A. Catholic

B. Non-Denominational Christian

C. Protestant

D. Other _____