

**REQUIRED PARTICIPANT INFORMATION**

Name \_\_\_\_\_ Nick Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Physical Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_\_ Gender: \_\_\_\_ DOB Month: \_\_\_\_\_ Day \_\_\_\_\_

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dietary Restriction: \_\_\_\_\_

Physical Limitations: \_\_\_\_\_

Church Affiliation: \_\_\_\_\_

Pastor/Koinonia Spiritual Director's Signature \_\_\_\_\_

**Note to Pastors:** *The person named on this application is invited to attend a Koinonia Weekend. Our registration procedure includes obtaining a Pastor's signature. Koinonia is an experience designed for practicing Christians who already have a church home. The purpose of Koinonia is spiritual renewal for Christians in an ecumenical environment, enabling them to return to their churches with enthusiasm and energy to support the ministry of their church. Your signature is requested to verify the person named on this application does have a church home. If you have any further questions, please call the applicant's sponsor listed below.*

Emergency Contact Name: \_\_\_\_\_

Emergency Contact's Phone Number: \_\_\_\_\_

Emergency Contact's Address: \_\_\_\_\_

**OTHER PARTICIPANT INFORMATION**

Email Address \_\_\_\_\_

Likes: \_\_\_\_\_

Dislikes: \_\_\_\_\_

**SPONSOR- REQUIRED**

Sponsor Name: \_\_\_\_\_ Sponsor Phone Number: \_\_\_\_\_

Sponsor Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

Sponsor Signature : \_\_\_\_\_ Date : \_\_\_\_\_

Sponsor Email: \_\_\_\_\_

**Note:** All participants must be at least 18 years of age. Couples are not housed together except for unusual circumstances approved by the Lay Leader and/or the Koinonia Continuance Board.

**Required Payment Information**

Registration Fee: \$85.00 Will be Paid: Upon Arrival \_\_\_\_\_ Enclosed \_\_\_\_\_

Need Financial Assistance: \_\_\_\_\_

**Internal Use Only:** Participant letter sent \_\_\_\_\_

Send **COMPLETED** application 2 weeks prior to the weekend.  
Koinonia of MT, PO Box 2064 East Helena MT 59635 or  
Email to [vmanolovits@gmail.com](mailto:vmanolovits@gmail.com) Questions: call 406-439-0092