



Sponsor Information Sheet

Must accompany each candidate application.
Return completed form with candidate application and registration fee of \$65 to:
Serena Duke, Faith Quest, 11907 Springfield Lane, Fishers, IN 46038

Your Candidate's Name _____

Sponsor's Name _____

Address _____

City, State, Zip _____

Home Phone (_____) _____ Work Phone (_____) _____

Cursillo Weekend Attended _____

About your candidate

*The candidate must be 16-20 years of age by the date of the weekend.
(This must be filled out in full. This information will be kept in the strictest confidence and will be used to help place your candidate in a group best suited for him/her.)*

How long have you known your candidate? _____

In what capacity? _____

Has your candidate publicly confessed Jesus Christ as Lord? _____

Mentor

(A mentor for your candidate is someone of the same gender who is spiritually mature and will provide a consistent contact with your candidate in the area of Bible study, prayer, and personal issues of accountability. Please notify this person that they will be contacted by the mentor coordinator prior to the candidate's weekend to set up and verify their participation.)

Suggested Mentor _____

Address _____

City, State, Zip _____

Home Phone (_____) _____ Work Phone (_____) _____

Sponsor

Have you served as a sponsor before? _____

Are you willing to pray and sacrifice for your candidate? _____

Will you bring your candidate to the weekend? _____ If not, who will? _____

Will you take your candidate home? _____ If not, who will? _____

Deadline

All applications must be received 2 weeks prior to the retreat weekend, along with the \$65 registration fee.

Go Forward for Christ Walks With You!

Your Name _____
Home Address _____
City, State, Zip _____
Home Phone (_____) _____ Cell Phone (_____) _____
E-mail _____ Birthday _____ Age _____ Grade _____

Church info

Name and denomination of church you attend _____
Pastor's name _____
Religious / community activities _____

School info

School / college attend _____
College address and phone (if applicable) _____
School activities _____
Employment (if applicable) _____

Personal info

Are you on a special diet? _____ Are you on any special medication? _____
If so, please explain. _____
Do you have any health or physical handicaps that will require special facilities? If so, please explain.

Why do you wish to be involved in Faith Quest? What do you expect from it? _____

Have you publicly confessed Jesus Christ as your Lord? _____

Has the necessity of having a spiritual mentor been explained to you? _____

Youth Signature _____ Date _____

Sponsor's name _____ Phone (_____) _____

Address _____

Pastor's Signature _____ Date _____

To be completed by a parent or guardian

_____ has my permission to attend the Faith Quest weekend. In the event of an emergency and I cannot be reached by phone, Faith Quest staff has my permission to secure the services of licensed professionals to provide the necessary care, including anesthesia, for my child's well-being.

Parent's signature _____ Date _____

If the above cannot be reached, call _____ Phone (_____) _____

Please list any medical allergies, medications being taken, special diets, medical problems, etc.

Return this application to your sponsor as soon as possible. Applications must be received 2 weeks prior to the weekend.