

24 Hour Renewal Application Form

Date Received:

Date Invited:

1st- _____

2nd _____

3rd _____

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

E Mail Address _____

Male _____ Female _____ Date of Birth _____

Married _____ Single _____ Separated _____ Divorced _____

Spouse's Name if Married _____

Church _____

Any health problems _____

Any special dietary needs _____

DeColores Weekend you made # _____

Are you willing to make a 24 Renewal on short notice due to a cancellation? _____

If yes, how much of a notice would you need? _____

I would like to attend a DeColores Renewal because: _____

Please return form to:

DeColores Renewal
P.O. Box 150263
Grand Rapids, MI 49515