



Preferred Weekend Date  
or weekend number:

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## BELIEVER APPLICATION

### ***“Which road will you take?”***

*“Go stand at the crossroads and look around. Ask for directions to the old road, the tried and true road. Then take it. Discover the right route for your souls....” Jeremiah 6:16*

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CrossRoads is a community of believers in the Lord Jesus Christ. It consists of students and young adults seeking God’s direction in the many avenues of their lives. We are a lay-led movement with active pastoral participation. We are a non-profit organization that actively seeks the participation of people from all Christian denominations. The CrossRoads weekend endeavors to bring Christians to a closer, more personal walk with the Lord Jesus Christ, encouraging them to positions of Christian leadership and action in their home church.

The weekend will be spent in a Christian community participating in a combination of carefully developed activities and teachings that are meant to lead to a fuller personal commitment to Christ. The main teaching of CrossRoads is God's unqualified love for each of us through His grace. Our prayer is that young men and women who attend this weekend will identify the crossroads in their lives and chose the direction/path God has laid out for them in Scripture.

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### **Important Things to Know About a CrossRoads Weekend**

1. The total cost for the weekend is \$145.00. A \$72.50 deposit, which is applied toward the total cost, should be submitted with the completed application packet to hold your reservation. Please make your check out to **CrossRoads** and return the completed application packet to: CrossRoads, P.O. Box 472, Ellendale, TN 38029. The required reference letter should also be returned--by your reference--to this box number, addressed to CrossRoads, Reference Letter for (insert name of applicant), P.O. Box 472, Ellendale, TN 38029.
2. We cannot reserve your space until your deposit is paid. Reservations are on a first come, first served basis and this reservation does not guarantee a place on the next walk. This application will be reviewed by the **CrossRoads Believers Committee** upon receipt of a **completed application packet**.
3. ***DO NOT*** leave your application, money, or reference letter at Faith Baptist Church. It must be mailed to the P.O. Box to be processed.
4. You must be 15 years old to attend the weekend.
5. You will receive a confirmation letter/card once your application and deposit have been received.
6. Prior to the walk, you will receive a reminder letter informing you of any fees owed, where and when to meet to leave for the weekend, and where and when you will need to be picked-up on the last day of the walk.
7. It is imperative that you provide us with correct contact information for yourself, your emergency contact, encourager, and reference. This includes: telephone numbers, addresses, and email addresses.
8. Please complete the remainder of the application and return with your deposit.

### **APPLICATION PACKET CHECKLIST:**

- COMPLETED APPLICATION WITH REQUIRED SIGNATURES
- REFERENCE REQUEST HAS BEEN GIVEN TO THE REFERENCE
- CHECK FOR DEPOSIT- \$72.50

**Personal Information**

**Believer**

**Name:** \_\_\_\_\_  
First Middle Last Name Preference

**Current Address:** \_\_\_\_\_  
Street Address / PO Box

\_\_\_\_\_  
City, State Zip Home Phone Cell Phone

**Email:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Age at time of Walk:** \_\_\_\_\_

Male  Female

**Parent/Guardian Contact Information & Encourager Contact Information**

**Emergency Contact:** \_\_\_\_\_  
Name Relationship to You

\_\_\_\_\_  
Street Address / PO Box City, State Zip  
( ) ( ) ( )  
Home Phone Cell Phone Email Address Work Phone

**Emergency Contact:** \_\_\_\_\_  
Name Relationship to You

\_\_\_\_\_  
Street Address / PO Box City, State Zip  
( ) ( ) ( )  
Home Phone Cell Phone Email Address Work Phone

**Encourager:** \_\_\_\_\_  
(Who encouraged you to attend) Name Relationship to You

\_\_\_\_\_  
Street Address / PO Box City, State Zip  
( ) ( ) ( )  
Home Phone Cell Phone Email Address Work Phone

Do you require any type of a special diet? If so, please explain: \_\_\_\_\_

Will you be taking any medications this weekend? Please list along with any special instructions.

\_\_\_\_\_

**T-S hirt Size:**  Small  Medium  Large  XL  XXL  XXXL

**Christian Life Information**

Current Church Name: \_\_\_\_\_  
Denomination: \_\_\_\_\_  
Address / City, State Zip: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_  
Pastor's Name: \_\_\_\_\_  
How long have you attended?: \_\_\_\_\_

**Answer the following:**

1. Tell us how and when you came to know Jesus Christ personally.

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2. What are your regular habits of prayer and quiet time?

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3. How do you feel about learning to disciple your peers?

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**REFERENCES**

We need a reference letter from a Church leader or other another adult, such as a small group leader or Sunday school teacher. Please provide us with the name and forward this person the enclosed reference form. Encourage your reference to return the letter ASAP to P.O. Box 472, Ellendale, TN 38029.

**Reference #1:**

Title	First Name	Last Name
		( )
Street Address / PO Box	City, State Zip	Phone

I hereby release and agree to hold harmless *CrossRoads* and *Faith Walk*, its Secretariat, and the weekend servants from any and all liability regarding any claims for personal injuries and damage to or loss of personal property that I may incur during any activity sponsored by *CrossRoads* or *Faith Walk*. **\*If under 18, parent signature required.**

Applicant Signature	Parent Signature (if required)
Date	Date



**REFERENCE  
REQUEST FOR  
REGISTRATION**

**This is a confidential, personal reference  
for the CrossRoads Weekend.  
Reference, please return ASAP to P.O. Box  
472, Ellendale, TN 38029, marked  
Reference Letter  
for (Applicant Name).**

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**In order to assist in the application evaluation process, the applicant has submitted your name as a reference in this young person's Christian life.**

Please answer the following to the best of your ability. Please use a separate sheet if needed.

1. Applicant Name (please print): \_\_\_\_\_

2. Under what circumstances have you known the applicant? (Check all that apply.)

- Home     School     Church     Business     Pastor     Other

3. How long have you known the applicant? \_\_\_\_\_

4. Based on the fact that two of the goals of a CrossRoads weekend are a more personal walk with Christ and Christian leadership growth, what would you consider to be two of the applicant's strongest spiritual areas?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. What is the applicant's level of teach ability? \_\_\_\_\_

\_\_\_\_\_

5. What is the applicant's attitude towards authority? \_\_\_\_\_

\_\_\_\_\_

\* Please call for further discussion:     YES     NO

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

(    )  
\_\_\_\_\_  
Phone