



Believer Application Packet

You can register and pay online at crossroadsmidsouth.org!

"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*

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.

Important Things to Know About a CrossRoads Weekend

- The deposit should be submitted with the completed registration form to hold your reservation. Please make checks payable to "CrossRoads". Return the form and deposit to the address at the top of the registration form. The required reference letter should also be returned by your reference person to the address indicated on the reference form.
- 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**.
- DO NOT leave your application, money, or reference letter at Faith Baptist Church. It must be mailed to the registrar to be processed.
- **To attend, you must be 15 years old as of the weekend start date.**
- You will receive a confirmation letter/card once your application and deposit have been received.
- 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.
- It is imperative that you provide us with correct contact information for yourself, your emergency contact, encourager, and reference.
- Please complete the remainder of the application and return with your deposit.
- Visit crossroadsmidsouth.org or email registrar@crossroadsmidsouth.org for more information

Application Checklist:

- Completed Registration Form with required signatures
- Check written to "CrossRoads" for the required deposit amount
- Reference Request form has been given to the reference person.



Registration Form

Return this form and deposit to:
CrossRoads Registrar
PO Box 472, Ellendale, TN 38029

You can register and pay online at crossroadsmid-south.org!

If you have attended a previous 4th day weekend such as Chrysalis, Vida Nueva, Awakening, Discipleship Walk, etc., you CANNOT attend CrossRoads, but rather contact us about serving as a member of our CrossRoads team. Applications are on a first come, first served basis and this application does not guarantee your place on the next walk. *We cannot reserve your space until your deposit has been received by the Registrar.* Your placement on a Walk will be confirmed with you by the Registrar approximately eight weeks prior to the Walk date.

Current Rates: \$155.00 with a \$80.00 deposit. **Please submit application and deposit at least 3 weeks prior to the start date of the walk to reserve your spot.**

(PLEASE PRINT CLEARLY)

Gender: Male Female Date of Birth: ____/____/____ Age at time of Walk: _____

First Name: _____ Last Name: _____ Suffix: Sr Jr III
(As you would like it to appear on your name tag) (Circle if applicable)

Address: _____

City/State/ZIP: _____

Best Phone Number: (____) _____ - _____ Type: Cell Home Work

Personal Email Address: _____

Emergency Contact: _____ Phone (____) ____ - _____

Church attending (Name/Denomination/City): _____

How long you've attended? _____ Pastor: _____ Phone (____) ____ - _____

Who encouraged you to attend? _____ Phone (____) ____ - _____

T-Shirt Size: Small Medium Large XL 2XL 3XL 4XL Do you use a Wheelchair? No Yes

Specific Health Concerns: Carry EpiPen Diabetes Seizures Severe Allergy

Please explain any health concerns that would prevent you from walking, sitting, etc.: _____

Please explain any allergies or special dietary requirements you may have: _____

If you'll be taking any medication during the Weekend, please list here with dosing instructions: _____

FOR REGISTRAR USE ONLY: Date Received ____/____/____ (PM or BX)

Revision: 2021-12-08

PMT 1 AMT \$ _____ cash check # _____ Dt ____/____/____ by: _____

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Please answer the following questions:

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

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

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

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 the Registrar at the address at the top of this form.

Reference Name: _____ **Phone** (____) ____ - _____

Reference Email Address: _____

I hereby release and agree to hold harmless CrossRoads, FaithWalk, it's Secretariat, and the weekend servants from 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 FaithWalk. ***(If under 18, parent or guardian signature required)***

Date

Signature of Applicant

Date

Signature of Parent/Guardian (if required)



Reference Request

Mail or scan this form ASAP to:
CrossRoads Registrar
PO Box 472, Ellendale, TN 38029
registrar@crossroadsmidsouth.org

This form is confidential and must be sent directly to the Registrar

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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.)

Applicant Name: _____

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

- Home School Business Church Pastor Other

2. How long have you known the applicant? _____

3. Since 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 teachability? _____

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

*** Please call me for further discussion** No Yes

Reference's Name (Please Print)

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Phone

Signature

Date