

The Encuentro Project
1837 Grandview -- El Paso, Texas 79902 –
encuentroproject@gmail.com

REGISTRATION FORM (rev. 1/15/20)

Participating Group _____

Address: _____ City, State _____

Contact Person for planning _____

Email _____ Tel. # _____

Dates of stay with program _____ to _____

- Participant in charge while group is here:

Name: _____ Cell # _____

- Other staff person(s) name(s) and Cell # _____

Name of Participants:

M or F

Age

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- 11.
- 12.
- 13.
- 14.
- 15.
- 16.
- 17.

Arrival information for group: Date, time, airline, Flight # (or other):

Departure information: Date, time, airline (or other):

DO YOU WANT TO INCLUDE VISIT OF MINISTRIES AND PROJECTS IN CIUDAD JUAREZ, MEXICO? (U.S. Passport needed).

Yes _____ No _____

FEE FOR PROGRAM PARTICIPATION: \$80/person/night

Fee includes: Lodging; staff assistance; breakfast; prepared evening meal at house.

DEPOSIT: \$800. This deposit is non-refundable within 30 days of scheduled arrival time. \$500 of the deposit is applied to the total fee (above). \$300 is registration and schedule preparation fee.

Please make check payable to: ***The Encuentro Project***

Mail to: 1837 Grandview, El Paso, TX 79902. Attn. Fr. Rafael Garcia, S.J.

--- Deposit can also be made electronically: Contact the Director if you'd like to use this option.

- **Send deposit at least 3 months prior to arrival date.**

(Cancellations: Full refund on deposit amount up to 30 days prior to arrival date. Afterwards, in good faith, we will refund the \$500 deposit only if another group books for those dates.

NOTE: Organizing institution is responsible for sending deposit for all participants, as well as PROVIDING BALANCE PAYMENT FOR ALL. Balance needs to be paid prior to leaving the program.

YOU ARE RESPONSIBLE FOR INFORMING US OF ANY FOOD RESTRICTIONS OR ALLERGIES OF ANY PARTICIPANTS, TWO WEEKS PRIOR TO ARRIVAL DATE.

Signature of Person Responsible for organizing group:

Printed Name _____ Tel. _____

Signature _____ Date _____

Thank you!

Fr. Rafael Garcia, S.J. - Director

Bro. Todd Patenaude, F.M.S. - Program Coordinator

Mr. Chris Davis - Program Coordinator and House Manager

**CONFIRMATION FOR PARTICIPATION IN PROGRAM
(Pre-Registration) (rev. 1/15/20)**

The Encuentro Project
1837 Grandview -- El Paso, Texas 79902
encuentroproject@gmail.com

Name of Participating Group _____

Address: _____ City, State _____

Email _____ Tel. # _____

Dates of stay with program _____ to _____

Estimated number of participants _____

- Name of authorized person organizing group: _____
- Role or Title _____
- Contact information if different _____

Signature of authorized person organizing group _____

Date _____

The dates you are requesting will be confirmed ONLY after:

1. You've received approval by the Director, Fr. Rafael Garcia, SJ
2. This signed form and deposit are received.

DEPOSIT: \$800. This deposit is non-refundable within 30 days of scheduled arrival time. \$500 is applied to total fees for group; \$300 is registration and schedule preparation fee.

Please make check payable to: ***The Encuentro Project***

**SEND TO: The Encuentro Project, attn. Fr. Rafael Garcia, SJ
1837 Grandview, El Paso, TX 79902.**

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Thank you, Fr. Rafael García, S.J. - Director