

**The Encuentro Project**  
1837 Grandview -- El Paso, Texas 79902 –  
[encuentroproject@gmail.com](mailto:encuentroproject@gmail.com)

**REGISTRATION FORM** (rev. 4/6/21)

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):

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

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

Yes \_\_\_\_\_ No \_\_\_\_\_

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**FEE FOR PROGRAM PARTICIPATION: \$100/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*

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

***The Encuentro Project***  
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[encuentroproject@gmail.com](mailto: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 \_\_\_\_\_

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**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*