***The Encuentro Project***

**602 S. Oregon St -- El Paso, Texas 79901 –** **encuentroproject@gmail.com**

 **R E G I S T R A T I O N F O R M**

**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.**

 **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). This visit is available for adult participants. TEP will consider on a case by case basis offering visit to Ciudad-Juarez to high school groups.***

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

 **FEE FOR PROGRAM PARTICIPATION: $115/person/night\*
Fee includes: Lodging; staff assistance; breakfast & evening catered meal.**

**DEPOSIT: $800. The deposit is non-refundable within 30 days of scheduled arrival time. [$450 of the deposit is applied to the total fee. $350 is a registration - administration fee]**

**Please make check payable to: *The Encuentro Project
Mail to: 602 S. Oregon, El Paso, TX 79901. Attn. Michael Costello***

**--- Deposit can also be made electronically: Contact the Executive 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 $450 deposit only if another group books for those dates.**

**NOTE: Organizing institution is responsible for sending deposit for all participants, as well as managing the balance due for all participants. Balance needs to be paid within 30 days after participation in 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!**

**Mr. Michael Costello – Executive Director**

* Unfortunately as of Jan 1, 2026 program fees will be raised to $125.00 per person/night

**CONFIRMATION FOR PARTICIPATION IN PROGRAM
 (Pre-Registration) *(rev. Aug 2025)***

***The Encuentro Project***

**602 S. Oregon -- El Paso, Texas 79901****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 Executive Director, Michael Costello**
2. **This signed form and deposit are received.**

**DEPOSIT: $800. This deposit is non-refundable within 30 days of scheduled arrival time. $450 is applied to total fees for group; $350 is a registration and administration fee.**

**Checks are payable to: *The Encuentro Project* : *Mail to: The Encuentro Project C/O Michael Costello 602 S. Oregon, El Paso, TX 79901*.**

**Deposit can 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 $450 deposit only if another group books for those dates.**

 **Thank you, Michael Costello – Executive Director**