

APPLICATION FOR SEARCH #143
At St. Michaels, Arizona, April 4-6, 2008

PLEASE READ ALL INFORMATION CAREFULLY BEFORE FILLING OUT AND SIGNING THIS APPLICATION

1. The Search is designed for single, young Catholic adults who are **at least 16** and **no more than 20** years of age.
2. The cost of the Search is **\$35.00** per person. This is to be sent with the application. Any cancellations must be called in to Ted Gomez (505-325-0685) no later than Wednesday, March 25, 2008, in order to receive a refund.
3. Paid, completed applications **MUST BE RECEIVED BY THE DEADLINE OF NOON March 19, 2008.** Qualifying, paid, completed applications will be processed in the order of the date received.
4. Please mail the application with **all three signatures and payment** to SEARCH, P.O. BOX 5243, Farmington, NM, 87499. Please make checks payable to **SEARCH for Christian Maturity.**
5. The Search will **begin** Friday, April 4, 2008. Candidates should arrive at St. Michaels Parish, St. Michaels, NM, between 4:00 and 4:40 p.m., on Friday. The closing will take place Sunday afternoon, April 6, 2008 at 3:30 p.m.
6. Acceptance letters will be mailed the week of March 24, 2008, to all applicants who are accepted.

PLEASE **PRINT** OR **TYPE** INFORMATION

Name _____

Age _____ Sex _____ Date of Birth _____ Phone _____

Mailing Address _____ E-Mail _____

City _____ State _____ Zip _____

Parents address if different _____

School _____ Grade _____

Parish/Mission _____ Religion _____

Have you ever attended Search before? _____ **If yes, which one? #** _____

I have read the information about making Search and understand it. I agree to abide by the rules of the Search and to follow the direction of its leaders.

Signature of Candidate _____

We permit our child to attend this Search under the supervision of the adult leaders of this program. We are aware that we are expected to make an effort to be at the closing ceremonies of this Search at 3:30 on Sunday, April 6, 2008. **We understand that we are responsible for providing transportation to and from the Search weekend.** We hereby release and agree to hold harmless the Search Program or any of its advisors, chaperones, or persons connected with the weekend for any liability, claims, and damages for personal injury, property loss/damage which may result during the weekend. I authorize the treatment, administration of anesthesia, surgical treatment for my child in the event of a medical situation occurring during my absence or when the hospital or physician is unable to contact me. This authorization extends to any hospital, physician, and nursing personnel within the physician's staff where treatment is rendered in the physician's office. I relieve from medical responsibility and liability the hospital, physician, and nursing personnel for performing medical procedures acting on the authority of this medical treatment consent from which such medical providers deem necessary for my child.

Signature of Parent/Guardian _____

Phone number where parent/guardian can be contacted during the weekend _____

(Application will not be processed without a contact phone number for the weekend)

I recommend this young adult to Search. He/She is an active member of this parish/mission and will benefit from the experience of the Search Weekend.

Signature of Pastor or Associate _____

(Priest or Associate: Please ensure that all information is complete!)