

**MEN'S  
CHRIST RENEWS WEEKEND  
FEBRUARY 27<sup>TH</sup> & 28<sup>TH</sup> 2011**

**CANDIDATE INFORMATION FORM**

Name: \_\_\_\_\_ Spouse: \_\_\_\_\_

Children's Names: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Shirt size: \_\_\_\_\_

Occupation: \_\_\_\_\_

Emergency Name & Phone Number:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Any Special Dietary Needs: \_\_\_\_\_

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Any physical restrictions with walking stairs: \_\_\_\_\_

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Please return this sheet as soon as possible to:

John Vidal

1266 Brandywine Road

Crown Point, IN 46307

Cell: (219) 689-7324

or e-mail as an attachment to:

[john.w.vidal@ampf.com](mailto:john.w.vidal@ampf.com)