



OFFICE USE ONLY
_____ \$70 Fee Paid
Date: _____
Check #: _____

**St. Thomas More Center**  
**6177 Panorama Rd.**  
**Panora, IA. 50216**

515-309-1936                      515-309-1885 fax  
[office@stmcenter.com](mailto:office@stmcenter.com)   [www.stmcenter.com](http://www.stmcenter.com)

## CANDIDATE APPLICATION FORM

**QUEST REQUESTED:** \_\_\_\_\_ Feb. 21-22, 2010 \_\_\_\_\_ Mar. 28-29, 2010

\*\* There is limited space and applications are accepted on a first come basis.\*\*

NAME: \_\_\_\_\_ SEX: \_\_\_\_\_ AGE: \_\_\_\_\_ GRADE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_ PARISH: \_\_\_\_\_

PHONE #:(\_\_\_\_\_) \_\_\_\_\_ CELL#:(\_\_\_\_\_) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

\*\*\*\*\*

PARENT/GUARDIAN NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

(If different than above)

PHONE #:(\_\_\_\_\_) \_\_\_\_\_ CELL#:(\_\_\_\_\_) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

WORK PHONE #: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

(If different than above)

PHONE #:(\_\_\_\_\_) \_\_\_\_\_ CELL#:(\_\_\_\_\_) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

WORK PHONE # : \_\_\_\_\_

**PARENT CONSENT FORM** is on the reverse side and **MUST BE FILLED OUT**

## Permission/Consent/ Waiver Form

Thank you for allowing my son/daughter, \_\_\_\_\_, the opportunity to participate in **QUEST**. In consideration for the numerous intangible spiritual and personal benefits which will be received from this opportunity, I hereby offer the following:

I give permission for my son/daughter to participate in the **QUEST** Weekend at St. Thomas More Center and I am aware bus transportation is provided through Dowling Catholic High School.

I hereby waive the Diocese of Des Moines, St. Thomas More Center, Dowling Catholic High School, their staff and volunteers from any and all liability for accident or injury which might occur to my son/daughter anytime during the **QUEST** Weekend and/or during transportation to/from the weekend.

I understand that first aid treatment will be offered in case of injury or illness and if serious illness or injury develops, medical and/or hospital care will be given. I further understand that in case of serious injury or illness attempts will be made to notify me. If it is impossible to contact me, I give permission for emergency treatment or surgery as recommended by the attending physician. I furthermore understand that I am responsible for any doctor, hospital, and/or ambulance fees arising from the treatment of my child.

**Photo Release:** I hereby authorize St Thomas More Center and it's agents to utilize my child's photographic image for the specific purpose of publication of promotional material and St. Thomas More Center website. I understand that I will receive no compensation, should any photograph of my child be used.

\_\_\_\_\_ Yes      \_\_\_\_\_ N

Special Dietary and/or Medical needs during the weekend: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_ Relationship \_\_\_\_\_

Emergency Phone #: (\_\_\_\_\_) \_\_\_\_\_

=====

\_\_\_\_ Enclosed is a check for \$70.00 (make all checks payable to: St. Thomas More Center and mail to: 6177 Panorama Road, Panora, IA 50216)

\_\_\_\_ I am paying the \$70.00 fee by credit card: Visa \_\_\_\_\_ MasterCard \_\_\_\_\_

Credit Card # \_\_\_\_\_

Credit Card Expiration Date: Month \_\_\_\_\_ Year \_\_\_\_\_

Name as appears on credit card: \_\_\_\_\_  
(please print)

### General information

■ **QUEST:** begins at 12:00 Sunday (leaving Dowling) ends at 3:00 on Monday (returning to Dowling).

■ **Cancellation policy:** There is a \$30 cancellation fee on all registrations.

■ **Packing needs:** The weekend is casual so please bring comfortable clothing. No school books, games, ipods, cd players, cell phones, etc - your time is filled to capacity. Please bring your own bedding and toiletries.

■ **Alcoholic beverages, smoking and drugs are strictly prohibited.**