

Priority 1 Ministries
SPRING BREAK ENCOUNTER
APPLICATION PROCEDURE

1. All applications should be completed and sent to:

Priority 1 Ministries
SPRING BREAK ENCOUNTERS
PO Box 226
Chambersburg PA 17201

Phone: 717-377-5033 (cell)

Email: bonnie@priority1ministries.org

2. Applications will be processed and Encounter dates approved on a first-come/first-serve basis. A Spring Break Encounter group must include at least 5 members.
3. After receiving a completed application, the Priority 1 office will confirm the ministry week with the group by sending a confirmation letter (via email or snail mail).
4. The total cost is \$285.00 (US or equivalent) per person. A **\$50.00 per person deposit** (non-transferable, non-refundable) is to be mailed-in two weeks from date of team confirmation. The total amount of deposit is to be based on a (tentative) group list of participants. Checks are to be made payable to: **Priority 1 Ministries** (memo: Urban Encounter). **The balance** (per person) **is due at least one week prior arrival**. If there are any last minute team member cancellations, no credits will be issued for deposits made but not utilized.
5. Arrival time at UDC is to be arranged in advance of arrival. Directions to UDC can be provided upon request. Let us know if you have any questions.

We look forward to your group serving with Priority 1!!

Priority 1 Ministries
Spring Break Urban Encounter
Group Application
(Please print clearly)

Date _____

College Group: _____

Address of College: _____
(Street or Post Office Box)

(City) (State/Province) (Zip)

College Phone : (_____) _____ Denom./Affiliation (if any): _____

Contact Person: _____ Phone: _____

Address: _____
(Street) (City) (State/Prov) (Zip)

Tentative (or Confirmed) Encounter Dates: (if confirmed already with Priority 1 office)

Spring Break dates: _____ Dates your group would like
to serve with Priority 1 (all/part of Spring Break) : (arrive) _____ to (depart) _____

Total Group Size: _____ Male _____ Female _____ (for housing assignments)

Specific skills your group will bring to Priority 1:

Music (include musicians): _____

Puppetry: _____

Drama (skits): _____

Evangelism Training: _____

Other Specialized Skills: _____

Office Use Only	
Confirmed Group Total: _____	Date of Deposit: _____
Amount of Deposit: _____	Balance Paid: _____
Confirmed Dates: _____	

Priority 1 ENCOUNTER GROUP LIST

page _____ of _____

COLLEGE GROUP

NAME _____

The following information is to be completed for **each** team member. Duplicate this page as needed to include **all** members of your group.

Name _____ Age _____ M _____ F _____

Skills or Interests (include special training/previous urban experience)

Additional Information (any information that may be helpful for Priority 1 to know . i.e. food allergies, etc.)

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