

APPLICATION
Young Adult Call Retreat
July 28-30, 2017
Indian Creek Baptist Camp

Name: _____

Mailing Address: _____

Cell Phone: _____ Email: _____

Birthdate: _____ Gender: ___ Male ___ Female

Church: _____

Pastor: _____

Explain why you want to attend this retreat:

Identify some of your gifts/talents/interests related to ministry:

Signature: _____ Date: _____

Please return this application along with a letter of recommendation from your pastor by June 15, 2017 to the region office by mail at ABCGI, 1100 W. 42nd St., Suite 218, Indianapolis, IN 46208 OR by email to office@abcgi.org. Once accepted a payment of \$25.00 payable to ABCGI will be due by July 20, 2017.