

Youth Rite of Passage Application Form

To reserve a place for the next youth rite of passage, please complete this application and return it along with your deposit. If you need more space, use more paper. You will receive a booklet and instructions on how to prepare for the initiation after your application and deposit are received. If you have questions, please call 458-201-2868.

Mail to: Cascadia Quest, PO BOX 50594, Eugene, OR 97405 with a minimum \$400 deposit. Make checks payable to Cascadia Quest with the program name in the memo line. Thank you.

Initiate Contact Information

Name: _____ **d.o.b.** _____

Address: _____

Phone: _____ **Email:** _____

Parent(s)/Guardian(s) Contact Information

Please list both mother and father, if possible. We hope to include both parents in electronic communications in order to encourage their participation in their child's initiation. If listing both parents is not an accurate depiction of your family structure, you can list another primary caregiver(s), if relevant (i.e. step parent or grandparent).

Name of Primary Contact: _____

Relationship to Initiate: _____

Address (if different): _____

Phone: _____ **Email:** _____

Name: _____

Relationship to Initiate: _____ **Relationship to Primary Contact:** _____

Address (if different): _____

Phone: _____ **Email:** _____

Initiate Application Questions

To be answered by the youth hoping to be initiated.

Are you affiliated with any community organizations? yes ____ no ____

If yes, which ones? _____

Do you have any nature or wilderness experience? yes ____ no ____

If yes, please explain: _____

What is special or unique about you? What are your gifts that you bring to the world?

What are your most important dreams and aspirations for your life?

What are the biggest challenges you face in your life now?

Why do you want to go through this rite of passage? _____

Why is now the time for this experience? _____

Anything else you would like to share? _____

Who will be ultimately responsible for your registration fee? (Must be a parent, guardian or other adult who is 18 years or older.)

Name: _____

Phone number: _____ **E-mail:** _____

Signature of Responsible Party: _____

Print Name of Participant _____

Signature of Participant _____ Date _____

Print Name of Parent or Guardian _____

Signature of Parent or Guardian _____