

**Priority 1 Ministries**  
**URBAN ENCOUNTER**  
**GROUP APPLICATION PROCEDURE**

1. All applications should be completed and sent to:

Priority 1 Ministries  
PO Box 226  
Chambersburg, PA 17201

Phone: 717-264-7767 or Cell phone: 717-377-5033  
Email: [bonnie@priority1ministries.org](mailto:bonnie@priority1ministries.org)

2. After receiving a completed application, the Priority 1 office will send written confirmation and an information handbook including all paperwork needed for your group.
3. The cost per person is \$90.00 for the entire Encounter weekend. A \$25.00 per person deposit (non-transferable, non-refundable) is to be mailed-in two weeks from date of team confirmation. (Week-long Encounters must be previously approved and cost is \$290.00 per person with a \$50.00 per person deposit.) The total amount of deposit is to be based on a (tentative) Group List. Any changes in the list need to be made no later than one week prior to Encounter weekend. Checks are to be made payable to: **Priority 1 Ministries** (memo: Urban Encounter). The balance (per person) is due upon arrival to UDC. If there are any last minute cancellations, no credits will be issued for deposits made but not utilized.
5. Urban Encounters are for Senior High School age youth through adults only (unless parents are accompanied by their own children). Final list of participants must be confirmed with the Priority 1 office no later than one week prior to arrival. Group list must include all members: names, and ages of all participants. Groups are required to bring 1 adult leader for every 5 youth.
6. It is highly recommended that Encounter groups try to arrive on a Thursday evening to allow for more ministry opportunities (many urban ministries only serve the inner-city on weekdays). Actual time of arrival may vary by group and traffic conditions. Plan your travels allowing for traffic delays (this is the city). The time of departure is usually Sunday afternoon, as arranged with Priority 1 staff.

**Priority 1 Ministries  
Urban Encounter  
Group Application**

Date \_\_\_\_\_

Group/Church Name: \_\_\_\_\_

Group Leader: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Cell phone # if that's best way to contact you)

Address of Leader/Church (indicate which): \_\_\_\_\_  
(Street or PO Box)

\_\_\_\_\_  
(City) (State/Province) (Zip/Postal Code)

Church Phone :(\_\_\_\_\_) \_\_\_\_\_ Denom. /Affiliation: \_\_\_\_\_

**Tentative Encounter Dates:** (Even though verbally confirmed you will receive written confirmation.)  
(Encounter Weekends can be customized according to your group needs and UDC availability.)

1<sup>st</sup> Choice Weekend preference: \_\_\_\_\_

2<sup>nd</sup> Choice Weekend preference: \_\_\_\_\_

Group Size: \_\_\_\_ Adults? \_\_\_\_\_ Youth? \_\_\_\_\_ Children? \_\_\_\_\_  
(Children must be accompanied by their own parents.)

**Specific skills/Interests your group will bring to the UDC Encounter:**

**Music (include musicians):** \_\_\_\_\_  
(Bring your own instruments - i.e. guitars/sheet music.)

**Drama (skits):** \_\_\_\_\_

**Evangelism Training:** \_\_\_\_\_

**Work Team Construction Skills:** \_\_\_\_\_

**Other Specialized Skills:** \_\_\_\_\_

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

**Priority 1 Ministries**  
**URBAN ENCOUNTER GROUP LIST**

Page \_\_\_\_\_ of \_\_\_\_\_

GROUP/CHURCH NAME \_\_\_\_\_

The following information is to be completed for each member of your group. List members according to age (begin with youngest) and indicate adult leaders. Duplicate this page as needed to include all members of your group.

Name \_\_\_\_\_ Age (during outreach) \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

Skills or Interests (include special training/experience- yrs. of experience)

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Additional Information (i.e. food allergies, etc.)

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Name \_\_\_\_\_ Age (during outreach) \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

Skills or Interests (include special training/experience- yrs. of experience)

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Additional Information (i.e. food allergies, etc.)

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Additional Information (i.e. food allergies, etc.)

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