

Sonshine North Via de Cristo

Weekend Registration

CANDIDATE INFORMATION

Full Name: _____ Preferred Name: _____

Address: _____ City: _____

State: ____ Zip: _____ DOB: MM/DD _____ Age: _____ Sex: ___ Marital Status _____

Occupation: _____ Education _____

Primary Phone: _____ Other Phone: _____ Email: _____

If married, would your spouse be willing to attend a Via de Cristo? _____

Have you ever attended a Via de Cristo or Cursillo type weekend? _____

If yes, where and when? _____

Home Congregation _____ Pastor's Name _____

Denomination _____ Are you baptized? _____

Special dietary or medical needs for the weekend? _____

Special dietary meal restrictions (i.e. gluten free)_____

Medical Allergies _____ Physical Limitations _____

Candidate's Signature: _____ Date: _____

The Via de Cristo is an intense three-day religious experience which utilized group techniques to bring the candidate into renewed fellowship with fellow Christians, their church and Christ. It can be physically and emotionally tiring. If you are experiencing a physical infirmity or an emotional problem for which you are receiving treatment, the Via de Cristo may not be for you. Please consider carefully before submitting this application. Discuss this with your spouse and sponsor. If you find you cannot attend the weekend for which you have made application, please advise your sponsor as soon as possible.

SPONSOR INFORMATION

Name: _____ Weekend Attended: _____

Address: _____
Street City State Zip Code

Phone: _____ _____ Email: _____

Mail to: SNVDC c/o Advent Lutheran Church 2156 Loch Rane Blvd. Orange Park, FL 32073

Affiliated with the National Lutheran Via de Cristo

SPONSORS STATEMENT OF COMMITMENT

Name: (Last)_____(First)_____ Phone:_____

Address_____City/State_____ZIP:_____

Church Membership At_____Denomination:_____

Via de Cristo/Cursillo Weekend Attended:_____Date:_____

Are you in a Group Reunion? YES____ NO____ If NO, explain why not:_____

Where and when does your group meet? _____

How long have you known your Pilgrim?_____ Does your Pilgrim, to your knowledge, have any physical, mental or emotional disabilities that may require special attention during the weekend? If so, please explain:

_____

_____

Where does your Pilgrim attend church? _____

Please answer the following questions:

ARE YOU PREPARED TO:

Personally escort your Pilgrim to send-off?	YES	NO
Be present during the weekend for chapel Palanca?	YES	NO
Obtain and get to camp family letters appropriately labeled by Sat evening?	YES	NO
Be at the closing and return the Pilgrim to his/her home after closing?	YES	NO
Actively participate in support of your Pilgrim's weekend?	YES	NO
Notify the pre-Via de Cristo chairman if your Pilgrim cancels or declines the invitation?	YES	NO
Place your Pilgrim in a REUNION GROUP?	YES	NO
Follow-up with your Pilgrim's progress for at least one year?	YES	NO
Have you explained the weekend in detail to your Pilgrim?	YES	NO

Because of the importance of these questions explain any NO's below

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With God's Help I Do:_____ Date:_____

Sponsor's Signature

Pilgrim's Name:_____

Last First