

SONSHINE NORTH Via De CRISTO

Member Update Information Form

Please Print: If more space is needed, write on back of this page or another sheet.

Please circle the appropriate title

Mr. Mrs. Ms. Miss _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Primary Phone: _____ Secondary Phone: _____

Email Address: _____

Home Church: _____

Which Weekend Did You Attend and at Which Table Did You Sit: _____

Birthday (Month and Day): _____

PRIOR CURSILLO / via De Cristo TEAM EXPERIENCE.

If Possible, please note weekend number(s), number of times you have performed in this capacity and approximate dates if known. Use back of page if necessary.

Rector(a):	_____	Music Cha:	_____
Back-Up Rector(a):	_____	Associate Professor:	_____
Head Cha:	_____	Ideal Rollo:	_____
Head Rollo Room Cha:	_____	Laity Rollo:	_____
Rollo Room Cha:	_____	Piety Rollo:	_____
Head Outside Cha:	_____	Study Rollo:	_____
Outside Cha:	_____	Action Rollo:	_____
Snack Cha:	_____	Leaders Rollo:	_____
Asst. Snack/Mailrm Cha:	_____	Environment Rollo:	_____
Mailroom Cha:	_____	Life In Grace Rollo:	_____
Chapel Cha:	_____	C. C. In Action Rollo:	_____
Asst. Chapel Cha:	_____	Total Security Rollo:	_____

As a team member, you are be expected to support the weekend with your prayers, your time, your talents and some of your treasure. Support includes attendance at ALL team meetings, attendance for the FULL weekend, attendance at the Team/Candidate Reunion, Grouping and other Via de Cristo activities. If you are unable to meet these requirements, please discuss those issues with the Rector(a) now.

The team fee for the weekend is set at \$140.00 and the total is due by the last team meeting prior to the weekend. Installment payments are acceptable and we now have a Pay Pal account on our website. Please print your receipt and bring for the Head Cha.

Date

Signature