SONSHINE NORTH VIA DE CRISTO

2156 Loch Rane Boulevard

Orange Park, FL 32073

An affiliate of the National Lutheran Secretariat

PILGRIM INFORMATION SHEET

Date: _____

Name: _____

Phone Number: _____

Special Sleeping Needs: Such as bottom bunk or near a plug for CPAP or VPAP etc.

_____

_____

Special Dietary Needs: _____

Food Allergies: _____

If you are on an unusual diet, you must provide those items needed to the head cook. Please list those items below:

_____

_____

If the head cook has any questions, they will contact you directly.