

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.

If you have any other special needs for the weekend, please fill out this form and return it as soon as possible to Joanne Martin, 8014 Welbeck Ln., Jacksonville, FL 32244

or

Please feel free to call me at (904) 637-9661 or email me at jomarrn@comcast.net