PILGRIM APPLICATION Sonshine North Via de Cristo Advent Lutheran Church 2156 Loch Rane Blvd. Orange Park, FL 32073

Full Name:	Preferred Name	City, State, Zip:			
Phone: (H)(C)	E-mail:		Sponsor:		
Date of Birth (MM/YY):	Age:	Sex:			
Single Married	Divorced _	Widow	ed #	Children	
If married, is your spouse willing to	o attend the Via de	e Cristo? Yes □	No □		
Have you or your spouse ever atte	ended a Via de Cri	isto, Cursillo, or Wall	to Emmaus?		
If YES, where and when?					
Present Church Membership:					
Are you baptized? Yes	No				
Please list offices held in church or civic organizations:			F	Pastor:	
Education (Circle highest): Elem	entary Hiç	gh School	Some College	Graduate	
Medical or special dietary needs f	or the weekend: _				
Do you require a bottom bunk?					
Describe any physical disability or	any other special	needs for the week	end:		
The Via de Cristo is an intense pilgrim into renewed fellowship emotionally tiring. If you are expreceiving treatment, the Via de application. Discuss this with y have made application, please a Pilgrim Signature:	with fellow Christ periencing a phys Cristo may not be our spouse and s advise your spon	stians, the Church, sical infirmity or an e for you. Please co	and Christ. It can emotional proble onsider carefully by you cannot atten sible.	be physically and m for which you are pefore submitting this	
I ligiliti olgilature.				/a.e	
Sponsor's Signature:			г	Date:	
Sponsor's Phone #:					
Family Emergency contact #:					

ALL SIGNATURES ABOVE ARE NECESSARY!

Mail to: Pre-Via de Cristo, Joanne Martin, 8014 Welbeck Ln., Jacksonville, FL 32244