



NOTES OF GRACE VIA DE CRISTO WEEKEND PILGRIM APPLICATION

Please Print All Information -- Use back of form if necessary.
If filling out electronically use the TAB key to move to next blank.

First Name: _____ Last Name: _____

Address (Street/City/State/Zip): _____

Home Tel#: _____ Cell#: _____

Email Address: _____

Married: Single: Divorced: Widowed: # of Children: _____

Occupation: _____ Employer: _____

Spouse's First Name: _____ Spouse's VdC Affiliation? YES NO

Spouse's Congregation: _____

Spouse's VdC Weekend Date/Yr: _____

Applicant's Home Congregation: _____

Leadership Positions at Church: _____

Why do you want to attend a Via de Cristo Weekend? _____

Please list any special diet requirements, or any physical limitations (see medical form for more detail):

Has your Sponsor explained the Fourth Day Program to you? YES NO

Sponsor's Name: _____ Telephone #: _____

Date of Weekend Requested: _____ *You will be notified if the date is available.*

Applicant's Signature: _____

Applicant's Pastor's Signature: _____ Has your Pastor attended a Weekend? YES NO

The VdC Weekend cost approximately \$150, if you would like to make a *Love Offering* for a future Pilgrim you will be given an opportunity at the end of the weekend.

Please return the completed form to your sponsor.