



# NOTES OF GRACE VIA DE CRISTO PILGRIM REGISTRATION FORM

Please Print All Information -- Use back of form if necessary.

**This form is also available at <http://www.notesofgrace.org/registration.html>.**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address (Street, City, State Zip): \_\_\_\_\_

Home Phone#: \_\_\_\_\_ Cell#: \_\_\_\_\_

Email Address: \_\_\_\_\_

Married:  Single:  Divorced:  Widowed:  # of Children: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Sponsor Name & Email: \_\_\_\_\_

Spouse's First Name: _____	Spouse's VdC Affiliation? Yes <input type="checkbox"/> No <input type="checkbox"/>
Spouse's VdC Weekend Date/Yr: _____	Spouse's Congregation: _____

Applicant's Home Congregation: \_\_\_\_\_

Leadership Positions at Church: \_\_\_\_\_

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

Please list special diet requirements or 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: \_\_\_\_\_

Signature: \_\_\_\_\_

Pastor's Signature: \_\_\_\_\_ Has your Pastor attended a Weekend? Yes  No

**VdC Weekends cost approximately \$150 per person. Your weekend has already been paid for. If you would like to make a *Love Offering* for a future Pilgrim, you will be given an opportunity to do so toward the end of the weekend.**

Please return this completed form to your sponsor.



**NOTES OF GRACE VIA DE CRISTO  
PILGRIM MEDICAL INFORMATION  
Please Print All Information**

The information provided below is considered CONFIDENTIAL and will be used only in case of an emergency.  
This form will be destroyed after the weekend.

Name: \_\_\_\_\_ Home Tel#: \_\_\_\_\_

Address: \_\_\_\_\_ CityStateZip: \_\_\_\_\_

**Emergency Medical Contacts for the Weekend**

Name: \_\_\_\_\_ Tel#: \_\_\_\_\_

Relationship: \_\_\_\_\_

Or: \_\_\_\_\_ Tel#: \_\_\_\_\_

Relationship: \_\_\_\_\_

My Doctor is: \_\_\_\_\_ Tel#: \_\_\_\_\_

List prescription medications you currently take and conditions being treated (use back of paper, if necessary):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Allergies to Foods or Medications: \_\_\_\_\_

Other Medical Conditions: \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Return completed form to your Sponsor**



**NOTES OF GRACE VIA DE CRISTO**  
**EMERGENCY CONTACT INFORMATION**  
**Please Print All Information**

Please list names and addresses for your closest relatives (spouse, parents, children, siblings, etc.):

**YOUR NAME:** \_\_\_\_\_

Name/Relationship: \_\_\_\_\_

Address City/State/Zip \_\_\_\_\_

Phone & Email: \_\_\_\_\_

Name / Relationship: \_\_\_\_\_

Address City/State/Zip \_\_\_\_\_

Phone & Email: \_\_\_\_\_

Name / Relationship: \_\_\_\_\_

Address City/State/Zip \_\_\_\_\_

Phone & Email: \_\_\_\_\_

Name / Relationship: \_\_\_\_\_

Address City/State/Zip \_\_\_\_\_

Phone & Email: \_\_\_\_\_

Name / Relationship: \_\_\_\_\_

Address City/State/Zip \_\_\_\_\_

Phone & Email: \_\_\_\_\_

Name / Relationship: \_\_\_\_\_

Address City/State/Zip \_\_\_\_\_

Phone & Email: \_\_\_\_\_

**Use back of paper, if necessary.**

**Return completed form to your Sponsor.**



**NOTES OF GRACE VIA DE CRISTO  
SPONSOR REGISTRATION FORM  
(must accompany Pilgrim's Registration Form)**

Please Print All Information

Pilgrim's Name: \_\_\_\_\_ City: \_\_\_\_\_

Has their spouse attended a Weekend? \_\_\_\_\_ When: \_\_\_\_\_ Where: \_\_\_\_\_

If no, has spouse shown a desire to attend? \_\_\_\_\_ Comment: \_\_\_\_\_

Sponsor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Sponsor's Address: \_\_\_\_\_

Sponsor's E-mail Address: \_\_\_\_\_

Have you made arrangements to provide group reunion and Ultreya for your pilgrim? \_\_\_\_\_

How long have you known the pilgrim & what is your relationship with him/her? \_\_\_\_\_

How long have you been discussing Via de Cristo with your pilgrim? \_\_\_\_\_

Is the pilgrim active in other church sponsored activities? \_\_\_\_\_

Have you read and do you accept the responsibilities of a sponsor as outlined in the  
*"Guidelines For a Sponsor"*? \_\_\_\_\_

What is the pilgrim's religious condition and attitude? \_\_\_\_\_

Does the pilgrim have any emotional or physical problems? \_\_\_\_\_

Why, in your estimation, would the pilgrim attend a Via de Cristo weekend? \_\_\_\_\_

Sponsor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Pilgrim's Pastor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Church: \_\_\_\_\_

**Return to the Pre-Weekend Cha.**