



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 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 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.