

Southern Arizona Lutheran Tirosh (SALT)
Weekend Registration Form
APPLICATIONS MUST BE TURNED IN NO LATER THAN FEB. 10, 2008

Tirosh is open to any youth from 9th grade through age 20 who meets the following requirements:

1. Is baptized.
2. Is currently active in a church.
3. Has a desire to increase his/her personal relationship with Jesus Christ.

The cost of the weekend is \$50. Please make checks payable to SALT. A \$25 deposit is required with application submission, but you may pay the full amount at this time. Any remaining balance will be due when the participant checks in for the weekend. Need-based scholarships are available with a written request from your pastor. An active Via de Cristo/Tirosh pastor may also submit a written recommendation for any non-baptized or non-Lutheran applicant.

PARTICIPANT SECTION (please type or print)

Full Name _____ Signature _____

Preferred name for nametag (first & last) _____

Address _____ City _____ Zip Code _____

Telephone # _____ Date of Birth _____ Sex: M _____ F _____

High School/College Attending _____ Grade/Class _____

Are you baptized? _____ Are you a confirmed Lutheran? _____ Church You Attend _____

State briefly why you want to participate in Tirosh and what you expect from it. _____

PARENT/GUARDIAN SECTION (please type or print)

Parent/Guardian Name _____ Phone # _____ Emergency Phone # _____

Address _____ City _____ Zip Code _____

MEDICAL RELEASE FORM

_____ has my permission to attend the Tirosh weekend. In the event of an illness or injury, the Tirosh staff has my permission to secure the services of licensed medical professionals to provide any treatment necessary for my child's well being.

Parent/Guardian Signature _____ Child's Physician _____

Physician Telephone # _____ Insurance Carrier _____

Policy # _____ Group # _____ Hospital Preference _____

Please list any medical problems your child has. Also provide a list of medications, allergies (medicine/food), special diet or any other information pertinent to your child's health.

(please turn over to complete application)

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SPONSOR SECTION (please type or print)

Sponsor _____ Phone # _____

Address _____ City _____ Zip Code _____

Three-Day Weekend Attended _____ Applicant's Preferred T-Shirt Size (circle one): S M L XL XXL

PASTOR SECTION (please type or print)

I recommend that this applicant be allowed to attend the Tirosh weekend. The applicant has been instructed on receiving communion. The applicant is a (please mark only one) _____ member/_____ non-member of this congregation. (A letter of recommendation must be attached if applicant is a non-member.)

Pastor's Name _____

Pastor's Signature _____

Please return this completed form to your Tirosh Parish Representative:

TIROSH REPRESENTATIVE SECTION (please type or print)

Tirosh Rep Name _____

Tirosh Rep Signature _____

**IF YOUR CHURCH DOES NOT HAVE A TIROSH PARISH REPRESENTATIVE,
PLEASE SEND THIS COMPLETED APPLICATION AND DEPOSIT/PAYMENT TO**

**Pamela Nied
Pre-Tirosh Chairperson
3357 N. Christmas Ave.
Tucson, Az. 85716**

Please contact your Parish Representative with any questions, or you may contact Pamela Nied by email at queenofnied@cox.net or by phone at 520.747.5754.

You can also visit the Via de Cristo/Tirosh website at www.soazviadecristo.org for ...

An Additional Application: Click on the Tirosh Home Page and then on Weekends

A Tirosh Brochure: Click on the Tirosh Home Page and then on Description

A List of Parish Reps: Click on the Via de Cristo Home Page and then on Parish Reps