

Southern Arizona Lutheran Via de Cristo

Application to attend a Via de Cristo Weekend

Please print

| | | | | | | | |
|---|-----|---------------|----------------|-----------------------|-----------------|----------|--|
| First | | Last | | Preferred or Nickname | | Church | |
| Street address | | City | | State | | Zip Code | |
| | | | | | | Phone | |
| | | | | | | Home | |
| Occupation | | Employer | | | | Other | |
| Birthday | Sex | | Marital Status | | Spouse's Name | | |
| | M | F | M S D W | | | | |
| Number of Children | | # at home | | Ages under 18 | | | |
| | | | | | | | |
| If married and spouse is not attending explain why | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Are you Lutheran? | | Date Baptized | | | Are you Clergy? | | |
| | | | | | | | |
| Church activities _____ | | | | | | | |
| | | | | | | | |
| Why do you want to attend Via de Cristo? _____ | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Friends that have attended Via de Cristo | | | | | | | |
| Name | | Phone | | Church | | | |
| | | | | | | | |
| | | | | | | | |
| <p>Participation in a Via de Cristo retreat is a gift to you from our Lord. The Southern Arizona Lutheran Via de Cristo Movement is supported entirely by donations from past attendees. If you desire to support future retreats, it will be a personal and confidential commitment.</p> | | | | | | | |
| Applicant's Signature _____ | | | | Date _____ | | | |
| Sponsor's Name (s) | | Phone # | | Church | | | |
| | | | | | | | |
| | | | | | | | |
| | | Sponsor #1 | | | Sponsor #2 | | |
| Are you grouping? | | | | | | | |
| Attended Leadership School? | | | | | | | |
| Weekend Attended | | | | | | | |
| Please sign below if you accept responsibility for your applicant's orientation, preparation, transportation, and support as a member of the Southern Arizona Lutheran Via de Cristo. | | | | | | | |

_____ Date _____ Sponsor #1
 _____ Date _____ Sponsor #2

We agree that Via de Cristo is appropriate for this applicant, an active member of our congregation and recommend this applicant for participation in Via de Cristo.

Parish Rep _____ Date _____ Phone _____
 Pastor _____ Date _____ Phone _____