

**OFFICE USE ONLY – DO NOT WRITE:**

Date Received \_\_\_\_\_

Date Parents Paid Deposit \_\_\_\_\_

Amount Paid \$ \_\_\_\_\_

Sponsor Paid T-Shirt \_\_\_\_\_

Outstanding Balance \$ \_\_\_\_\_

---

# Southern Arizona Lutheran Tirosh (SALT)

## WEEKEND REGISTRATION FORM

Tirosh is open to all youth from 9<sup>th</sup> grade through age 20 who meets the following requirements:  
Who has a desire to increase his/her personal relationship with Jesus Christ.

Cost of the weekend is \$50.00. Make checks payable to Southern Arizona Lutheran Tirosh.  
A minimum \$25.00 deposit is required with application submission, but you may pay the full amount at this time.  
If you choose not to pay the full amount at this time, the balance is due when the participant checks in for the weekend.  
Need based scholarships are available with a written request from your Pastor.

---

### PARTICIPANT SECTION (PLEASE TYPE OR PRINT)

---

Full Name \_\_\_\_\_

Preferred Name For Nametag  
(First & Last) \_\_\_\_\_

Address \_\_\_\_\_

City: \_\_\_\_\_

Zip \_\_\_\_\_

Telephone \_\_\_\_\_

E-Mail \_\_\_\_\_

Date Of Birth: \_\_\_\_\_

Sex    M        F   

School Attending \_\_\_\_\_

Grade / Year \_\_\_\_\_

Are You Baptized    Yes     No

Church You Attend \_\_\_\_\_

Church Activities: \_\_\_\_\_

State Briefly Why You Want To Participate In Tirosh And What You Expect From It.  
\_\_\_\_\_  
\_\_\_\_\_

---

Applicant's Signature: \_\_\_\_\_ Date \_\_\_\_\_

---

### Parent / Guardian Section (Please Type Or Print)

---

Parent /Guardian Name: \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

City: \_\_\_\_\_

Zip \_\_\_\_\_

Emergency Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

---

# Southern Arizona Lutheran Tirosh (SALT)

## WEEKEND REGISTRATION FORM

### SPONSOR'S SECTION (please type or print)

Sponsor #1 Name

Address

City:

Zip

Phone #

E-Mail

Attended Via De Cristo /

Number

Tirosh  / Number

Sponsor #1 Signature

Sponsor #2 Names

Address

City:

ZIP

Phone #

E-MAIL

Attended Via de Cristo /

Number

Tirosh  / Number

Sponsor #2 Signature

Applicant's preferred T-shirt size (CHECK ONE) S , M , L , XL , XXL

### PASTOR SECTION

I recommend that this applicant be allowed to attend the Tirosh weekend. The applicant has been instructed on receiving communion. The applicant is a regular attendee at this congregation. (If the applicant is not a member of the congregation, a letter of recommendation must be attached.)

Pastor's Name

Church Name

Pastor's Signature

(Please return this COMPLETED form to your Tirosh Representative)

### TIROSH / VIA de CRISTO REPRESENTATIVE SECTION

Representative Name

Representative Signature:

SEND THIS COMPLETED APPLICATION AND DEPOSIT / PAYMENT TO:

Ms. Pam Robinson  
Pre-Tirosh Chairperson  
Streams in the Desert Lutheran Church  
5360 E Pima Street  
Tucson, AZ 85712  
(520) 795-1932

## Southern Arizona Lutheran Tirosh (SALT)

*Please fill out this questionnaire and return it ASAP to your Pastor or Parish Rep with application*

---

**Participant Name:**

---

**Participant favorite  
Bible verse:**

---

**Participant favorite color(s):**

---

**Participant special interest  
and hobbies:**

---

*Please list people who are special to you... parents, siblings, cousins, grandparents, family, and friends:*

<b>Name</b>	<b>Address, City, State, Zip</b>	<b>E-mail address</b>	<b>Phone</b>

**If you need more space, please list on the back or a separate sheet of paper.**