

ATLANTA LUTHERAN VIA DE CRISTO PILGRIM APPLICATION

(Must be accompanied by a \$15 **NON-REFUNDABLE** deposit which is good indefinitely.)

Sponsor: **Return Completed Application to Pre Via de Cristo**

Atlanta Lutheran Via de Cristo Movement, 3481 Campus Loop Road, Kennesaw, GA 30144

(DO NOT leave any blanks — enter "NONE" or "N/A" if appropriate.)

PREFER: **COED** **MEN'S** **WOMEN'S** **NO PREFERENCE**

APPLICANT'S INFORMATION:

NAME: _____
Title--Dr/Ms/Mr/Mrs, etc. Last First Middle Goes By (for nametag)

ADDRESS: _____
Street (P.O. Box) Apt. # City State Zip Code (required)

PHONE: _____ **BIRTH DATE:** _____ **MALE** **FEMALE**
HOME--include area code WORK(If none, enter 'NONE') Ext. Month/Day/Year

E-mail address: _____ **Have you been baptized?** **Yes** **No**

MARITAL STATUS: _____ **SPOUSE NAME:** _____ **CHILDREN:** **No** **Yes** _____
Single/married/divorced/widow(ed) (and last name, if different from yours) If "yes," how many?

HAS SPOUSE MADE VIA DE CRISTO? _____ **WHEN:** _____ **WHERE:** _____
Yes/No Date or Weekend # Atlanta Cursillo/Via de Cristo (or OTHER) Movement

PRESENT CHURCH: _____ **PASTOR:** _____
If NONE, has the Via de Cristo Weekend been fully explained to you by your Sponsor? If NONE, Sponsor must contact Pre Via de Cristo Chairperson.

EDUCATION: _____ **Certification/Degree Area:** _____
High School/Jr. College/Trade/College/Master's/Doctorate, etc. Academic Major/Certificate Held, if any

OCCUPATION: _____ **EMPLOYER:** _____
Type of Work, Title or Position Held Company Name, Self-employed etc.--If student, name of school

PLEASE LIST ORGANIZATIONS TO WHICH YOU BELONG AND POSITION(S) YOU HOLD OR HAVE HELD:

CHURCH: _____
(E.g., Sunday School Teacher, Council Member, Committee-Ministry Member/Chair, Stephen Minister, Vocal/Bell Choir, Office Volunteer, etc.) Or enter "MEMBER" OR "NONE"

CIVIC: _____
Professional Societies, Organizations, Scouts, Civic Service Organizations, etc.--if none, enter "NONE."

PLEASE NOTE ANY DIETARY OR MEDICAL NECESSITIES YOU HAVE WHICH REQUIRE SPECIAL ATTENTION:

DIETARY: _____
(Restrictions only: e.g., Diabetic Diet, Vegetarian/Vegan, Low/No Fat, Low/No Cholesterol, Low/No Sugar, Low/No Caffeine, No Alcohol (communion), Food Allergies/Restrictions, etc.)

MEDICAL: _____
(E.g., Diabetic, heart patient, asthmatic, use cane/walker/wheelchair, amputation[s], Pregnant, allergic reactions to foods/bites/contact, on medication, etc.) (Doctor/Hospital, if you think there might be a need.)

SPONSOR'S INFORMATION (REQUIRED):

NAME: _____ **WEEKEND ATTENDED:** _____

ADDRESS: _____

PHONE: (HOME) _____ **(BUSINESS)** _____ **(OTHER)** _____
Must include area code Must include area code Ext. (Cell, Beeper, etc.)

E-mail _____

SIGNATURES — : APPLICATION CANNOT BE PROCESSED WITHOUT ALL SIGNATURES

APPLICANT'S SIGNATURE: _____ **DATE:** _____

SPONSOR'S SIGNATURE: _____ **DATE:** _____

PASTOR'S SIGNATURE: _____ **DATE:** _____

SUGGESTED DONATION AT CLOSING OF VIA DE CRISTO: \$75.00 (scholarships available if needed)
DEADLINE FOR SUBMISSION OF APPLICATION: 14 DAYS PRIOR TO SEND-OFF
LATE APPLICATIONS WILL BE CONSIDERED ON A SPACE-AVAILABLE BASIS