

ATLANTA LUTHERAN VIA DE CRISTO PILGRIM APPLICATION

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

Sponsor: **Return COMPLETED APPLICATION, with deposit** to Atlanta Lutheran Via de Cristo Movement,
Attention: Pre Via de Cristo, 3481 Campus Loop Road, Kennesaw, GA 30144

PLEASE PRINT LEGIBLY!

IN ORDER TO BE ACCEPTED, THE AREA BELOW MUST BE COMPLETED DO NOT LEAVE ANY BLANKS

WEEKEND PREFERRED: COED MEN'S WOMEN'S NO PREFERENCE

NAME _____
Title (Dr, Mr., Mrs., Ms., etc) Last First Middle Goes By (for name tag)

ADDRESS _____
(Street/PO Box, Apartment #, City, State, Zip Code)

PHONE _____ BIRTHDATE _____ MALE FEMALE
(Include Area Code Circle One: Home Work Cell)

E-MAIL ADDRESS _____ HAVE YOU BEEN BAPTIZED? Yes

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)

SPONSOR INFORMATION (required)

NAME _____ WEEKEND ATTENDED? _____

ADDRESS _____

HOME PHONE _____ CELL PHONE _____
(Include Area Code) (Include Area Code)

E-MAIL ADDRESS _____

SIGNATURES (APPLICATION WILL NOT BE ACCEPTED WITHOUT ALL SIGNATURES)

(If you have any questions or problems obtaining a signature, please contact one of the Pre Via de Cristo Chairperson)

APPLICANT'S SIGNATURE _____ DATE _____

SPONSOR'S SIGNATURE _____ DATE _____

PASTOR'S SIGNATURE _____ DATE _____

THE FOLLOWING INFORMATION WOULD BE HELPFUL IF COMPLETED

MARITAL STATUS _____ SPOUSES NAME _____ CHILDREN NO YES
(single, married, divorced, widowed) (Include LAST NAME if different than yours) If YES, how many? _____

HAS SPOUSE MADE VIA DE CRISTO? NO YES WHEN? _____ WHERE? _____

PLEASE TELL US ABOUT YOURSELF (education, occupation, organizations you belong to, hobbies, etc)

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

DIETARY _____

MEDICAL _____

Please provide Doctor's Name & Phone # if you think there may be a need _____

I understand that Atlanta Via De Cristo honors the confidentiality of any medical conditions and private health information listed on this application. I understand that any private healthcare information provided will be disclosed only to secretariat and pertinent team members that need to be aware of it in the event of a medical emergency or potential need for medical treatment. Sign Here: _____

SUGGESTED DONATION AT CLOSING OF VIA DE CRISTO: \$75.00 (scholarships available if needed)
DEADLINE FOR SUBMISSION OF APPLICATION: 14 DAYS PRIOR TO THE START OF THE WEEKEND

LATE APPLICATIONS WILL BE CONSIDERED ON A SPACE-AVAILABLE BASIS

**IF YOU HAVE ANY QUESTIONS REGARDING THIS APPLICATION,
PLEASE CONTACT ONE OF THE PRE VIA DE CRISTO CHAIRS:**

Lee Bennett
Home: (770) 978-3760
Cell: (404) 557-6092
E-Mail: rlbii30078@earthlink.net

Jennifer Carson
Home: (770) 992-0423
Cell: (770) 241-5466
E-Mail: jennifer@wmleonard.com