

Pilgrim Application to Attend a Colorado Via de Cristo Weekend

Weekend Date or Number:

RETAINED INFORMATIO	N								
NAME				Home Phone					
ADDRESS					Work Phone				
CITY			STATE		ZIP		PREFERRED FIRST NAME		
EMAIL ADDRESS									
CHURCH YOU ATTEND		CITY							
DATE OF BIRTH	GENDER	MARITAL	STATUS	SPI	PECIAL DIET OR FOOD ALLERGIES				
ARE YOU AN ORDAINE	ASTOR?		IF YES, DENOMINATION						
HAS YOUR SPOUSE ATTENDED A VIA DE CRISTO OR SIMILAR WEEKEND, OR IS HE/SHE ATTENDING THIS WEEKEND?									
NAME			YEAR		CITY/STATE				
DO YOU HAVE A HEALTH OR MEDICAL CONDITION AND/OR PHYSICAL HANDICAP/ LIMITATION THAT WE NEED TO CONSIDER IN ASSISTING YOU TO FULLY EXPERIENCE THE WEEKEND? IF YES, PLEASE SPECIFY									
PLEASE GIVE A FRANK STATEMENT ABOUT WHY YOU WOULD LIKE TO ATTEND A VIA DE CRISTO WEEKEND, WHAT YOU EXPECT FROM IT AND ANYTHING ABOUT YOURSELF AND YOU FAITH YOU WISH TO SHARE:									
I am a baptized Christian.									
Signature:									

Please check for completeness and return this form to your sponsor.

If a pilgrim becomes unable to attend a weekend, their registration will be moved to the next weekend.



Weekend Date or Number:

NAME		Home Phone						
ADDRESS		Work Phone						
CITY	STATE	ZIP		PILGRIM'S NAME				
WEEKEND YOU ATTENDED (ColoradoVdC N	and Year)	PRONUNCIATION HELP for Pilgrims Name						
IF YOU WOULD BE WILLING TO RECEIVE SI EMAIL ADDRESS	PONSOR DOCU	MENTS VIA E	MAIL, PLEASE	E PROVIDE:				
CHURCH YOU ATTEND+DENOM	CITY	CITY						
CAN YOU HELP WITH THE NEEDS OF THE I PLEASE SPECIFY:	PILGRIM'S FAM	ILY DURING	THE WEEKENI	D? IF NOT, IS HELP NEEDED?				
OTHER PERTINENT INFORMATION ABOUT	THE CANDIDAT	E:						
I/We have prayerfully considered the suitability of a Via de Cristo weekend for this candidate at this time, understand my/our responsibilities as outlined in the Sponsorship Guidelines†, and with the Lord's help will do my/our best to meet these responsibilities.								
Signature:								
Signature:								
Please include a \$50 application t	ee for the v	veekend. T	Total cost	for Weekend is \$185.00.				

Please include a \$50 application fee for the weekend. Total cost for Weekend is \$185.00. Pilgrims cannot be registered without the application fee and sponsor form. Fee is non-refundable and non-transferable, and can only be applied to this application.

Mail to: Treasurer, Colorado Via de Cristo

Ginny Henderson 8020 Trefoil Court

Colorado Springs, CO 80920

† Guidelines may be obtained online at www.coloradovdc.org, or contact the Lay Director at (719)213-8161 or the Assistant Lay Director at (719)229-9656 or the above address.

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