

ATLANTA LUTHERAN VIA DE CRISTO PILGRIM APPLICATION

(Application must be accompanied with the weekend fee of \$110.00)

SPONSOR: Return **COMPLETED APPLICATION, WITH PAYMENT** 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

NAME OF CHURCH _____ PASTOR'S NAME _____
(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 Lutheran 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 would 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. All information will be destroyed at the end of the weekend. Sign Here: _____

**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 THE PRE VIA DE CRISTO CHAIR at**

E-Mail: ATL.VDC@GMAIL.COM