



# Living Stones Via de Cristo Pilgrim Application

**Participant Information** (please print) Weekend: Women's \_\_\_\_\_ Men's \_\_\_\_\_

Name \_\_\_\_\_ Nickname: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ home \_\_\_\_\_ mobile \_\_\_\_\_ work \_\_\_\_\_

E-mail Address \_\_\_\_\_ Birthdate: \_\_\_\_\_

Occupation: \_\_\_\_\_ Education: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Has your spouse made a Via de Cristo weekend? IF so, when and where: \_\_\_\_\_

Special Dietary/Medical Storage needed: (i.e. refrigeration needed for insulin) \_\_\_\_\_

Special Dietary Restrictions: (i.e. gluten-free) \_\_\_\_\_

Medical Allergies: (i.e. allergic to penicillin) \_\_\_\_\_ Physical limitations: \_\_\_\_\_

Other: \_\_\_\_\_

(The weekend sleep arrangements are typically in a camp/cabin with bunk beds. Please note if a lower bunk is required.)

Pastor: \_\_\_\_\_ Home Congregation \_\_\_\_\_

Denomination: \_\_\_\_\_

**Pastor's Signature:** \_\_\_\_\_ I offer my support and prayers for my parishioner's participation in this opportunity for spiritual growth.

**Participant's Signature:** \_\_\_\_\_ Date: \_\_\_\_\_

A typical weekend begins on Thursday evening and closes late Sunday afternoon. A team of clergy and lay people present a program based on the topics of grace, Christian living and the church. There are numerous opportunities for discussion, reflection, prayer, sharing, spiritual counseling, communion, singing, and fellowship. These weekends, the Via de Cristo (way of Christ), are for all adult Christians that have an active desire to deepen their faith, knowledge, discipleship and love of Christ.

## **Sponsorship Information**

Name: \_\_\_\_\_ Weekend Attended: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ home \_\_\_\_\_ mobile Email \_\_\_\_\_



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**Emergency Family Information:**

**Your Name:** \_\_\_\_\_

Please list the names and contact information of your spouse, children, parents, etc.

**Name:** \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, zip: \_\_\_\_\_

Phone: \_\_\_\_\_

**Name:** \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, zip: \_\_\_\_\_

Phone: \_\_\_\_\_

**Name:** \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, zip: \_\_\_\_\_

Phone: \_\_\_\_\_

**Name:** \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, zip: \_\_\_\_\_

Phone: \_\_\_\_\_

**Sponsor-**please send the completed form to the Sponsorship coordinator and leave page three with the pilgrim.