

Minnesota Via de Cristo Weekender Application Form

Part 1 — COMPLETED BY APPLICANT (Please print clearly): Please read the information and guidelines on the back of this form. Do not send any money with this application. Submitting this application does not guarantee your attendance at the weekend requested. You and your sponsor will receive confirmation in the mail 4-6 weeks before the weekend begins. Additional information will be provided to you at that time.

Date and location of Via de Cristo weekend for which you are applying _____

Mr. Miss Rev. Married Widowed Male
 Mrs. Dr. Divorced Single Female

Full Name _____ Age _____
(Last) (First) (MI)

First name, or nickname for your nametag _____ Spouse's first name _____

Street address _____ E-mail _____

City _____ State _____ Zip(+4) _____

Telephone (including area code) Home _____ Work _____

Occupation _____ Do you play a musical instrument? _____ Which ones? _____

Name of your church _____ Denomination _____ City _____

Doctor's Name _____ Phone _____

Medical Insurance Carrier _____ Policy # _____

Special needs (medical, diet, etc.)? Describe _____

Applicant, when done with your portion of this form, return it to your sponsor.

Part 2 — COMPLETED BY SPONSOR (Please Print):

Name(s) _____

Email Address _____ Are you in a renewal group? _____

Street Address _____

City _____ State _____ Zip (+4) _____

Telephone (including area code) Home _____ Work _____

Sponsor, when done with your portion of this form, give it to the Via de Cristo liaison of the applicant's church.

Part 3 — COMPLETED BY PASTOR OF THE APPLICANT (Does not have to be a Via de Cristo pastor):

Is there any particular information about this person you feel would be helpful to the leadership of this Via de Cristo weekend?

Pastor's signature _____

Pastor, when done with your portion of this form, please return it to the Via de Cristo liaison of your church.

Part 4 — COMPLETED BY LIAISON:

Liaison Name (Please Print) _____ E-Mail _____

Liaison Signature _____ Phone _____ Date Submitted _____

Liaison, send this to the appropriate allocations person listed below:

KIM HEILMANN
9661 HARROW CT S.
COTTAGE GROVE, MN 55016
845-489-4446 CELL VDCWeekenders@yahoo.com