

CANDIDATE REGISTRATION

SONBEAM VIA DE CRISTO
P.O. Box 97, Dunedin, FL 34697 – 0097

FOR PRE VIA DE CRISTO USE ONLY

Date Form Received ___/___/___ Weekend # ___
Registration Fee Paid Candidate Fee Paid ___/___/___
Date of Letter ___/___/___

Please Type or Print Clearly - Complete All Information –
Remember to Sign this Form

Date Submitted _____

Candidate's Name: _____ Preferred First Name _____

Address: _____

City: _____ State: _____ Zip: _____ Male Female Age _____

Candidate's E-Mail: address: _____

Occupation _____ Cell Ph #: (____) _____ Phone #: (____) _____

Marital Status: Single Married Divorced Widowed Number of Children _____

Spouse's Name: _____ Spouse made a weekend? No Yes Weekend # _____

Candidate's Place of Worship: _____

Via de Cristo Information: The Via de Cristo Weekend is an intense three-day experience that utilizes modern group techniques to bring the BAPTIZED CHRISTIAN into renewed relationship with fellow Christians, the Church and Christ. It can be physically and emotionally tiring. If you have a physical infirmity or an emotional problem for which you have had or are now undergoing treatment, Via de Cristo may not be for you at this time. Please consider this carefully before submitting a registration. Discuss this with your pastor or sponsor. If you cannot attend the weekend for which you have registered, please advise your sponsor as soon as possible.

Speak with your sponsor about the cost of this weekend. At the conclusion of your weekend, you will have the opportunity to make the Via de Cristo experience possible for someone else on a future weekend.

PLEASE NOTE: You need to be at least 18 years of age to make a Via de Cristo weekend. Persons who are younger than 18 years old are encouraged to attend a Chrysalis weekend. Details can be obtained at www.heartofsuncoastchrysalis.org.

In order for us to make your weekend as comfortable as possible, please note the following: (Use back of form if needed)

Impairment of vision, hearing or speech: _____ See back of form

Medical dietary attention you may require during the weekend: _____ See back of form

List any physical disability or condition for which special assistance or service will be needed: _____ See back of form

PLEASE RETURN THIS COMPLETED FORM TO YOUR SPONSOR

PLEASE NOTE: The total cost of the weekend per candidate is \$100. The first \$50 is due when submitting this form. The remaining \$50 is due 2 weeks before the weekend.

Candidate's Signature: _____ Date: _____

Sponsor's Signature: _____ Phone #: (____) _____

Pastor's Signature: _____ Date: _____

Pastor's Printed Name _____ Phone #: (____) _____

Candidate's Emergency Contact: Name _____

Relationship: _____ Cell Ph # (____) _____ Phone # (____) _____