



# Journey in Faith

## *Via de Cristo*

### Weekend Registration



**PARTICIPANT INFORMATION** (please print) Weekend: Co-ed \_\_\_\_\_ Women's \_\_\_\_\_ Men's \_\_\_\_\_

Name: \_\_\_\_\_ Nickname: \_\_\_\_\_  
First Last MI Preferred Name

Address: \_\_\_\_\_  
Street City State Zip

Phone: \_\_\_\_\_ (circle preferred)  
Home Mobile Work

E-mail Address: \_\_\_\_\_ Birth Date: \_\_\_\_\_

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

Spouse's Name: \_\_\_\_\_ Number of Children: \_\_\_\_\_

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

Home Congregation: \_\_\_\_\_ Denomination: \_\_\_\_\_

Leadership positions held in church: \_\_\_\_\_

Please indicate any medical, dietary or physical limitations you may have: \_\_\_\_\_

**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.

### SPONSOR INFORMATION

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

Address: \_\_\_\_\_  
Street City State Zip

Phone: \_\_\_\_\_ E-Mail \_\_\_\_\_

Sponsor, please forward the completed registration to the Sponsorship Coordinator – Journey in Faith

# Journey in Faith, VdC

## EMERGENCY FAMILY INFORMATION:

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

Please list the names & 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: \_\_\_\_\_

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

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

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

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

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