



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: _____