



# NOTES OF GRACE VIA DE CRISTO WEEKEND PILGRIM APPLICATION

Please Print All Information -- Use back of form if necessary.  
*If filling out electronically use the TAB key to move to next blank.*  
*This form is also available on the Notes of Grace website*

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address (Street/City/State/Zip): \_\_\_\_\_

Home Tel#: \_\_\_\_\_ Cell#: \_\_\_\_\_

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

Married:  Single:  Divorced:  Widowed:  # of Children: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Sponsor Name & Email: \_\_\_\_\_

Spouse's First Name: \_\_\_\_\_ Spouse's VdC Affiliation? YES  NO

Spouse's Congregation: \_\_\_\_\_

Spouse's VdC Weekend Date/Yr: \_\_\_\_\_

Applicant's Home Congregation: \_\_\_\_\_

Leadership Positions at Church: \_\_\_\_\_

Why do you want to attend a Via de Cristo Weekend? \_\_\_\_\_

Please list any special diet requirements, or any physical limitations (see medical form for more detail):

Has your Sponsor explained the Fourth Day Program to you? YES  NO

Sponsor's Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Date of Weekend Requested: \_\_\_\_\_ *You will be notified if the date is available.*

Applicant's Signature: \_\_\_\_\_

Applicant's Pastor's Signature: \_\_\_\_\_ Has your Pastor attended a Weekend? YES  NO

**The VdC Weekend cost approximately \$150, if you would like to make a *Love Offering* for a future Pilgrim you will be given an opportunity at the end of the weekend.**

Please return the completed form to your sponsor.