Mail or Fax to:
Good News! Via de Cristo Registrars, P.O. Box 549, Sylvania, OH 43560
Phone: (888) 468-3295, fax (888) 468-3295, Registrar@gnvdc.org e-mail

Good News! Via de Cristo
Participant Application

Good News!
Via de Cristo

Mission statement: *By grace, with the help of the Holy Spirit, we challenge leaders to discover and achieve their personal calling, assisting them with a method for influencing their environment!*

PLEASE TYPE OR PRINT CLEARLY

PARTICIPANT SECTION

Weekend (Circle one) Spring Fall Year _____

Name _____ Date of Birth_____
First (Nickname) Last

Address_____
Street City State Zip

Home phone: (____) _____ Work Phone (____) _____

Emergency Phone: (____) _____

Occupation _____ E-mail Address (optional) _____

Gender (circle one) Male Female Marital Status (circle one) Married Single Widowed
If married, name of spouse: _____

Has anyone in your family attended a Via de Cristo, Cursillo, or similar weekend? ___

If yes, who?_____ When? _____

What is your home congregation, including city, state and phone number?:

_____

_____ (____) _____

Do you have any special physical, medical, sleeping or dietary needs that we need to accommodate? (We ask that dietary requests be for medical necessity only) _____

_____

_____

As a Via de Cristo participant, I agree to: 1) pray for myself and other participants prior to the weekend, 2) involve myself as I am best able during the weekend and, 3) consider joining a Reunion Group and participating in other post-Weekend activities.

Signature: _____ Date: _____

Good News! Via de Cristo
Participant Application (Continued)

Good News!
Via de Cristo

SPONSOR SECTION *To be completed by the sponsor*

Are you in a reunion group currently? (circle one) Yes No

Name _____
First (Nickname) Last

Address_____
Street City State Zip

Home phone: (____) _____ Work Phone (____) _____

E-mail address: (optional): _____

As a sponsor, I agree to pray, care, help and support my participant before, during, and after the weekend. I understand that this will include at least 1) prayer for my participant, 2) coordination of Palanca letters from the participant's family and friends, 3) transportation to and from the weekend, 4) information needed to process this application, 5) assistance in helping the participant join a Reunion Group following the weekend 6) encouragement for the participant to return to his / her home congregation with a renewed spirit.

Signature: _____ Date: _____

PASTOR'S SECTION *To be completed and signed by pastor.*

Name _____
First (Nickname) Last

Since the Weekend is designed to help leaders of the Church grow spiritually so that they are able to be more effective servants within the church, we ask that participants and sponsors discuss attending Via de Cristo weekends with their pastor.

_____ I am aware that my parishioner will be attending a Via de Cristo weekend.

_____ I am willing to take some time following the weekend, to discuss the participant's experience and how it might enhance congregational life.

_____ I would like additional information about Via de Cristo.

Comments: _____

_____

Signature: _____ Date: _____

Please note: Application MUST be filled out completely before being sent to the Registrar. Any questions should be directed to the Registrar, whose contact information is on page 1 of this application.