

# Sponsor's Application Form

(This form must accompany participant application and medical form.)



Potential Participant's Name: \_\_\_\_\_ City: \_\_\_\_\_

Has their spouse made a Via de Cristo weekend?  Yes  No When? \_\_\_\_\_  
Where? \_\_\_\_\_

If no, has spouse shown a desire to attend?  Yes  No  
Comment: \_\_\_\_\_

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

Sponsor's Address: \_\_\_\_\_ Church: \_\_\_\_\_

Sponsor's Email Address: \_\_\_\_\_

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

What arrangements have you made to provide group reunion and Ultreya to your candidate?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How long have you known your candidate and what is your relationship with him/her?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How long have you been discussing Via de Cristo with your candidate?  
\_\_\_\_\_  
\_\_\_\_\_

Is your candidate active in other church sponsored activities?  Yes  No

What is the candidate's religious condition and attitude?  
\_\_\_\_\_  
\_\_\_\_\_

Does he/she have any emotional or physical problems that we should know?  Yes  No  
*If yes, please provide further information*  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why, in your estimation, should this person make a weekend?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sponsor's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Participant Pastor's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Please return the completed Application Brochure and Medical Form (found on the Tennessee Via de Cristo website at <http://www.tnvdc.org/forms/>) to the Pre-Weekend chair Janet Rawl, via email to [JRMOMRR@comcast.net](mailto:JRMOMRR@comcast.net) or by mail at 133 Baypath Dr, Oak Ridge 37830.