

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 Gary Mount, via email to dustycamino@gmail.com or by mail at 424 East Kings Gate Rd., Knoxville, TN 37934