



**VIA de CRISTO of  
WESTERN WASHINGTON**  
c/o Resurrection Lutheran Church  
134 S 206th Street  
Des Moines, WA 98198-2815

206-824-2978  
<http://www.vdcww.org>

## APPLICATION TO ATTEND A WEEKEND

IT IS IMPORTANT TO REALIZE THAT A VIA DE CRISTO WEEKEND IS DESIGNED FOR BAPTIZED CHRISTIANS, 21 YEARS OF AGE OR OLDER, WHO ARE PHYSICALLY ABLE AND EMOTIONALLY STABLE.

### SECTION I. APPLICANT INFORMATION

(Please fill in Section I completely, have your pastor fill in Section II sign and return all to your sponsor.)

Name \_\_\_\_\_ Birth date \_\_\_\_\_ Sex \_\_\_\_\_ Phone \_\_\_\_\_

Name you prefer to be called \_\_\_\_\_ Spouse's name \_\_\_\_\_

Address \_\_\_\_\_

E-mail address \_\_\_\_\_

Church you attend & denomination \_\_\_\_\_

Church address \_\_\_\_\_

Your pastor's name \_\_\_\_\_

Weekends are held in the Spring and Fall of each year. Please indicate which you can attend.

Spring       Fall       Either

Has the Via de Cristo been explained to you?       Yes       No

Do you have any special dietary requirements? (Please explain)       Yes       No

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Do you require medications at a specific time each day? (Please explain)       Yes       No

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Do you have any health/physical restrictions requiring special equipment/facilities? Special sleeping needs? (Please explain)  Yes  No

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If you are married, has your spouse attended a Via de Cristo weekend? If yes, when and where? If not, when does your spouse plan to attend?  Yes  No

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Please explain why you have chosen to attend a Via de Cristo weekend.

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Emergency Contact:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**Applicant's Signature**

\_\_\_\_\_ Date \_\_\_\_\_



SECTION III. SPONSOR INFORMATION

Notes to sponsors:

- Please ensure that both your applicant and your applicant’s pastor have filled out the appropriate pages of this application.
- The cost for an applicant to participate in a weekend is \$100. If it is not possible to contribute that amount, be assured no one will be turned down who cannot contribute financially.
- Sponsoring a pilgrim is both a joy and a responsibility. Remember: the Via de Cristo is not structured to solve a person’s deep-seated personal problems. It is designed to provide to those attending a deeper understanding of what it means to be a disciple of Jesus Christ. This weekend is intended for baptized Christians, 21 years of age or older. Please, select your applicants with these thoughts in mind.

Sponsor’s Name \_\_\_\_\_ Applicant’s Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (H) \_\_\_\_\_ Phone (W) \_\_\_\_\_ E-mail address \_\_\_\_\_

Church you attend & denomination \_\_\_\_\_

Why are you sponsoring this person for a Via de Cristo weekend?

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How long have you known this person? \_\_\_\_\_

- Are you now in a Group Reunion?  Yes  No
- Have you served as a sponsor before?  Yes  No
- Are you willing to pray and do palanca for your participant?  Yes  No
- Will you obtain personal palanca letters for your participant?  Yes  No
- Will you care for the special needs of your participant’s family during the weekend?  
 Yes  No
- Will you attend the Sunday Closing?  Yes  No
- Do you understand the responsibility in assisting your participant in finding a Reunion Group?  
 Yes  No
- Will you accompany your participant to their first Ultreya?  Yes  No
- Is your participant aware that, except in an emergency, there will be no contact with family during the weekend?  
 Yes  No
- Do you receive a Via de Cristo newsletter?  Yes  No

Sponsor’s Signature \_\_\_\_\_ Date \_\_\_\_\_

RETURN COMPLETED FORM  
ALONG WITH YOUR CHECK  
TO:

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