INDIAN RIVER VIA DE CRISTO CANDIDATE APPLICATION

CANDIDATE: Please fill in **ALL** blanks, obtain pastor's signature. Submit completed application to your sponsor along with **PAYMENT IN THE AMOUNT OF $95 TO COVER THE COST OF THE WEEKEND**. Anything more you can give would be greatly appreciated; Indian River Via de Cristo Center, Inc. is recognized as a tax exempt, non-profit organization. (*If there is a financial situation that would prevent you from attending the weekend please speak with your sponsor, special arrangements may be available*.)

SPONSOR: Check application for completeness, sign and forward to Pre-Cristo along with funds collected.

CANDIDATE INFORMATION				
Last Name:		**First:**		**MI:**
Home Ph: ( )	**Cell Ph: ( )**		**Email:**	
Address:	**Street:**			
	City:		**Zip Code:**	
Marital Status: (Circle)	**Single**	**Widowed**	**Married**	**Divorced** **Separated**
Birth Date: (mo/day/yr)	**Age:**	**Baptized? YES NO**		**# of Children:**
Occupation:				**First Name as you would like it to appear on your name tag:**
Spouse's Name:		**Weekend Attended:**		
Spouses contact information:				

List Church/Civic Organizational Offices Held and Current Church Activities

Church you attend:	
Pastor:	**Phone No: ( )**
Church Activities / Ministries:	
Civic Organizations:	

AFFIRMATION: I believe in God, the Father who created all things and sustains all creation by His abiding presence, love and care. I believe in Jesus Christ, the only begotten Son of God, who was born of the Virgin Mary. Through His death and resurrection, He redeemed me and forgave me, a sinner. By His atoning death on the cross, He has given me eternal Life. I believe in the Holy Spirit, who calls me to be a part of Christ's church. By His gift of faith, I am able to accept Jesus Christ as my Lord and Savior.

Candidate and Sponsor, Please ensure all signatures are present.

Candidate's Signature:	**Date:**
Spouse's Signature:	**Date:**
Pastor's Signature:	**Date:**
Sponsor's Signature:	**Date:**

PHYSICAL REQUIREMENTS OF THE VIA DE CRISTO WEEKEND / SPECIAL NEEDS OF THE CANDIDATE:

THE CRISTO WEEKEND IS AN INTENSE THREE-DAY RELIGIOUS EXPERIENCE WHICH USES MODERN GROUP TECHNIQUES TO BRING THE CANDIDATE INTO A RENEWED RELATIONSHIP WITH FELLOW CHRISTIANS, THE CHURCH, AND CHRIST. IT CAN BE PHYSICALLY AND EMOTIONALLY TIRING. IF YOU HAVE A PHYSICAL INFIRMITY OR AN EMOTIONAL PROBLEM FOR WHICH YOU ARE NOW UNDERGOING OR HAVE HAD TREATMENT, THE CRISTO WEEKEND MAY NOT BE FOR YOU. PLEASE CONSIDER THIS CAREFULLY BEFORE SUBMITTING YOUR APPLICATION. DISCUSS THIS WITH YOUR SPONSOR. IF YOU FIND THAT YOU CANNOT ATTEND THE WEEKEND FOR WHICH YOU HAVE MADE APPLICATION, PLEASE ADVISE YOUR SPONSOR AS SOON AS POSSIBLE.

LIST ALL YOUR SPECIAL NEEDS (IF NONE, PLEASE INDICATE "NONE")

DIETARY RESTRICTIONS AS PRESCRIBED BY A PHYSICIAN:	
MEDICAL:	
HOSPITAL PREFERENCE:	**DO YOU SMOKE?** (CIRCLE) **YES NO**
IN CASE OF AN EMERGENCY, PLEASE NOTIFY:	**PHONE: ( )**
PHYSICIAN'S NAME:	**PHONE: ( )**
NEED SPECIAL BED? (CIRCLE) YES NO	**(AIR MATTRESS PROVIDED)**

TO BE COMPLETED BY THE SPONSOR

SPONSOR INFORMATION			
LAST NAME:	**FIRST:**	**WEEKEND #:**	
HOME PH: ( )	**CELL PH: ( )**	**EMAIL:**	
ADDRESS:	**STREET:**		
	CITY:	**ZIP CODE:**	

TO BE COMPLETED BY PRE-CRISTO

APPLICATION RECEIVED	**DATE:**	**COMMENTS:**
CANDIDATE LETTER SENT	**DATE:**	**COMMENTS:**
SPONSOR LETTER SENT	**DATE:**	**COMMENTS:**
CONFIRMATION RECEIVED	**DATE:**	**COMMENTS:**

PLEASE SUBMIT COMPLETED APPLICATION AND COLLECTED FUNDS AND GIVE TO A SECRETARIAT MEMBER *A.S.A.P:

Sam Lyons
3442 Terramore Dr
Melbourne, FL 32940
EMAIL: IRCPRECRISTO@GMAIL.COM
FOR ADDITIONAL INFORMATION CALL/TEXT: (772) 453-5688

***A.S.A.P. = ALWAYS SAY A PRAYER**