Please Print Clearly

APPLICATION TO ATTEND A WEEKEND
INKY Via de Cristo

_____ Your Name _____ Home Phone _____ Work Phone

_____ Address _____ City _____ State _____ Zip

_____ E-Mail Address

Marital Status: Married [___] Divorced [___] Single [___] Widowed [___]

Spouse's Name: _____ Spouse's Work Phone: _____

If married, has your spouse submitted an application or attended a weekend? YES [___] NO [___]

Number of Children: _____

Family Member *other than Spouse* to contact *in case of Emergency*:

Name: _____ Home Phone: _____

Relationship: _____ Work Phone: _____

Your Occupation: _____ Your Date of Birth: ___ / ___ / ___

Education: _____

Name to be used on name tag: _____

Church You Attend: Name _____ Denomination: _____

_____ Address _____ City _____ State _____ Zip

Your Pastor/Priest/Minister's Name: _____

Weekend you wish to attend?

Date: _____ Location: _____ [___] Men [___] Women [___] CO-ED

Medical Questions: *(If yes, please explain below each or on additonal sheet of paper if needed)*

YES *NO*

[___] [___] Do you have any *special dietary requirements?*

[___] Diabetic [___] Vegetarian [___] Low Salt [___] Other: _____

[___] [___] Do you *require medications* at specific times each day?

[___] [___] Do you have any *health or physical restrictions* that require special equipment or facilities?

Your Signature: _____ Date: ___ / ___ / ___

Your Pastor/Priest/Minister's Signature: _____ Date: ___ / ___ / ___

Sponsor's Name *(please print)*: _____ Sponsor's Ph: _____

The cost for the weekend is $120 per person, which includes a $20 non-refundable application fee due at time the application is submitted. All expenses for the weekend are covered: your transportation to and from the retreat site, 9 meals and snacks, supplies, and 3 nights accommodations.

SPONSOR must COMPLETE a <u>SPONSOR INFORMATION SHEET</u> and RETURN it along with THIS FORM and a non-refundable $20 APPLICATION FEE to the PRE-WEEKEND CHAIRMAN.