APPLICATION TO ATTEND A RENEWAL WEEKEND
Inky Via De Cristo

Please Print

Name:	Phone: Home Cell (circle one) Work Phone ( ) ( )
Complete Address, City, State, Zip:	
E-mail address:	
Name and number of previous Weekend you attended:	
Are you in a Reunion Group? YES NO [ ] [ ]	
Marital Status: [ ] Married [ ] Divorced [ ] Single [ ] Widowed If married, has your spouse submitted an application? YES NO Number of Children: _____ Spouses Name: Spouse Work Phone: ( )	
Family Member ***other than*** Spouse to contact in case of emergency: Name: Home Phone: ( ) Relationship: Work Phone: ( )	
Your Occupation:	Date of Birth:
Education:	Name to be used on name tag:
Church you attend & Denomination	Your pastor/priest/minister's name:
Church address, City, State, Zip	

Please indicate which weekend you wish to attend:

Dates: _____ Location: _____

MEDICAL QUESTIONS:

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?

Applicant's Signature:	Date:

Return **this form** to: Randy Poisel, PRE-WEEKEND 7703 Home Drive, Fishers, IN 46038
For questions or additional information: Phone: 317-576-0627 email: rap14sep@gmail.com

A check for the weekend in the amount of $100 is required with each application.
The check will not be processed until it is confirmed you will be able to attend a weekend.