



SOUTH CAROLINA LUTHERAN
VIA DE CRISTO

Pilgrim Application

Weekend applying for:

- Men's
- Women's
- Coed

PLEASE PRINT LEGIBLY!

Name _____

Address _____
Street City State ZIP

Phone _____ E-mail _____

Date of Birth _____ Sex (M/F) ___ Marital status: Single Married Divorced Widowed

Spouse's Name _____

Has your spouse attended a Via de Cristo? Yes No Other spiritual weekend _____

Educational Background _____

Place of Employment _____ Position _____

Church Involvement _____

Civic/Community Involvement _____

Will you require special consideration for housing? (i.e., can you use stairs?) Yes No (If Yes, please explain) _____

Will you require special medical attention (i.e., medicine, CPAP, dietary restrictions; are you diabetic? have allergies?)
Please specify _____

Has your sponsor (the person who invited you to attend) explained Via de Cristo and the weekend to you? Yes No

Do you have further questions? Explain _____

Do you understand that a Via de Cristo is a continuing program of spiritual growth? Yes No

Your Church _____ Pastor _____
Name City State Please Print

Pastor's signature (REQUIRED) _____ Date _____

Applicant's signature (REQUIRED) _____ Date _____

~~~~~  
**SPONSOR INFORMATION** (To be completed by sponsor)

Name \_\_\_\_\_ Via de Cristo (or other) attended \_\_\_\_\_

Address \_\_\_\_\_ Date \_\_\_\_\_  
Street City State ZIP

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

- † Sponsor is to submit completed application one (1) month before beginning date of Via de Cristo weekend.
- † **A non-refundable application fee of \$50 must accompany completed application. Balance of \$125 is due no later than two (2) weeks prior to participant's arrival at camp for the weekend.**
- † Please make checks payable to SC Lutheran Via de Cristo, or SCVDC.

Please send completed application with fee to:  
Bobbi Burns  
208 Hatteras Lane  
Simpsonville, SC 29680  
(864) 963-8092 / (864) 320-5060  
bobbiburns543@gmail.com