

**SOUTH DAKOTA LUTHERAN  
VIA DE CRISTO**  
**GUEST REGISTRATION**  
Combined Men's and Women's  
Weekend: Nov 12-15, 2026

Via de Cristo (Way of Christ) is designed for Baptized Christians over the age of 18 who wish to strengthen and nurture their commitment to Christ. The weekend consists of a sequence of inter-dependent events which require that each guest be present for the entire weekend. Lutheran theology is the basis of our teachings throughout the weekends.

- **Weekends begin Thursday at 7:30 p.m. and end Sunday evening. Attendance for entire weekend is required.**
- Registration deposit is \$50 due with initial paperwork. The total suggested donation is \$180.
- As soon as your registration is confirmed, you and your sponsor will be sent a confirmation email and additional information about the weekend.
- **Please answer all questions fully so we can provide a meaningful and pleasant experience**

**Part 1 — APPLICANT INFORMATION (Please print clearly):** Submitting this registration form does not guarantee your attendance at the weekend requested. When your registration is accepted, additional information will be provided to you at that time.

Check one:  Mr.  Miss  Rev.  
 Mrs.  Ms.  Dr.

Check one:  Married  Widowed  
 Divorced  Single

Check one:  Male  
 Female

Full Name \_\_\_\_\_ Age \_\_\_\_\_  
(Last) (First) (MI)

Name for your name tag \_\_\_\_\_ Spouse's name (if applicable) \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

CELL ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_ Home ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

Home Congregation \_\_\_\_\_ Denomination \_\_\_\_\_

Pastor's Name \_\_\_\_\_ Phone \_\_\_\_\_

What is your reason for wishing to attend a Via de Cristo

I have health restrictions or special dietary needs (please list):

If your dietary needs require special foods or preparation, we need to know that by 03/16/2023 to make accommodations

I give permission to post my name & home church on the SDLVDC website listing?

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Applicant: Complete part 1 then return to your sponsor to submit to the registrars for the weekend.**