

**SOUTH DAKOTA LUTHERAN  
VIA DE CRISTO  
GUEST REGISTRATION**

**Combined Men's and Women's  
Weekend: April 11 - 14, 2024**

**\*FINAL DATE TO REGISTER IS 03/28/2024**

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.*
- *Final payment and registration form is due no later than 03/28/2024. 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 registrations form does not guarantee your attendance at the weekend requested. You and your sponsor will receive confirmation in the mail 4-6 weeks before the weekend begins. 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 \_\_\_\_\_ (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) Age \_\_\_\_\_

Name for your nametag \_\_\_\_\_ 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.**