



SOUTH CAROLINA LUTHERAN
VIA DE CRISTO

Team Application Request

Weekend applying for:

Men's

Women's

Coed

Please complete legibly!

"Rather, let the greatest among you become as the youngest, and the leader as one who serves." -Luke 22:26b

Name _____

Address _____

Phone _____ E-mail _____

Church _____

I have served on: Via de Cristo Kairos TEC Cursillo Walk to Emmaus Other (list below)

Last team served (list team #; include type & location if other than SC): _____

Positions served (list team #). (List type weekend & location if other than VdC in SC.)

- | | |
|---|---|
| <input type="checkbox"/> Head Cha _____ | <input type="checkbox"/> Professor _____ |
| <input type="checkbox"/> Assistant Head Cha _____ | <input type="checkbox"/> Rollos given: _____ |
| <input type="checkbox"/> Chapel Cha _____ | _____ |
| <input type="checkbox"/> Head Chapel Cha _____ | <input type="checkbox"/> Silent Professor _____ |
| <input type="checkbox"/> Kitchen Cha _____ | <input type="checkbox"/> Professor Cha _____ |
| <input type="checkbox"/> Head Kitchen Cha _____ | <input type="checkbox"/> Rector/Rectora _____ |
| <input type="checkbox"/> Music Cha _____ | <input type="checkbox"/> Rollo Room Cha _____ |
| <input type="checkbox"/> Head Music Cha _____ | <input type="checkbox"/> Head Rollo Room Cha _____ |
| <input type="checkbox"/> Outside Cha _____ | <input type="checkbox"/> Special Palanca Cha _____ |
| <input type="checkbox"/> Head Outside Cha _____ | <input type="checkbox"/> Head Special Palanca Cha _____ |
| <input type="checkbox"/> Fourth Day Person/Couple _____ | <input type="checkbox"/> Secretariat _____ |

Fourth Day: I am active in Group Reunion Ultreya Other _____

In the spirit of servanthood, I offer my service to the Lord in the position to which He calls me. I understand my commitment in time (e.g., attending team meetings for preparation) and money (e.g., team members pay the same fee as pilgrims, \$125). **Team fees are due at the first team meeting or as otherwise arranged with the Head Cha.**

I have the following physical/medical conditions(s) that might limit my service: _____

Need first floor room. I use CPAP or other medical equipment. Need help with transportation at camp.

Signature _____ Date _____

Send completed team application request to the address below. It will be forwarded to the appropriate Rector/Rectora:

SC Via de Cristo (803-932-4453)
236 Edgewood Drive
Chapin, SC 29036