



Men's / Women's

Candidate Name: \_\_\_\_\_

Sponsor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Pastor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### Solo Christo Candidate Information Sheet

Sponsors: please help your candidate fill out this form out

Candidate Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Nickname / Preferred Name: \_\_\_\_\_

Candidate Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Birthday: \_\_\_\_\_ Age: \_\_\_\_\_ Church Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

In the space below, please list your work, religious, civic, and social activities

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has your sponsor answered all your questions about Solo Christo? Yes / No

Dietary / Medical Needs: So you may be as comfortable as possible please list any special medical or dietary arrangements that you may need: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_

#### - To be completed by servant-leader representative -

I have reviewed this application for weekend consideration - Yes / No

Sponsor App -

Pastoral App -

Sponsor Fee -

Original to Rector:  Date: \_\_\_\_\_

Copy + Sponsor Fee Paid:  Date: \_\_\_\_\_