Men's / Women's **Year** _____

Candidate Name: _____

Sponsor Name: _____ **Phone:** _____

Pastor Name: _____ **Phone:** _____

Solo Christo Candidate Information Sheet (1/3)

SOLO CHRISTO | PO BOX 2094 | KINGSFORD, MI 49802

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 steering-committee representative -

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

Sponsor App - ☐

Pastoral App - ☐

Original to Rector: ☐ **Date:** _____

Sponsor Fee - ☐

Copy + Sponsor Fee Paid: ☐ **Date:** _____

Men's / Women's **Year** _____

Sponsor Name: _____ **Phone:** _____

Solo Christo Sponsor Information Sheet (2/3)

SOLO CHRISTO | PO BOX 2094 | KINGSFORD, MI 49802

This is a required part of the Solo Christo Candidate Application Form. Please return this application along with your candidate's application and your $20 Sponsor Fee to your servant-leader representative.

Name: _____

Sponsor Address: _____

City: _____ **State:** _____ **Zip:** _____

Primary Phone: _____ **Email:** _____

Church Name:_____

In the space below, please describe how you are currently serving as a witness for Christ?

_____
_____
_____
_____

- Have you previously sponsored someone? Yes / No If yes, please give the most recent year: _____

- Have you read and understood the scope of your responsibility as outlined in the "Sponsor Instructions" document? Yes / No

- Will you commit to prepare and support your candidate for their Solo Christo weekend? Yes / No

- Will you commit to help to place your candidate in a 4th Day Group & Gathering? Yes / No

Signature: _____ **Date:** _____

Do you recommend this Candidate for TABLE LEADER? - **Yes / No**

Why or why not? _____

Do you recommend this Candidate for SECRETARY LEADER? - **Yes / No**

Why or why not? _____

Comments:

Men's / Women's **Year _____**

Candidate Name: _____

Sponsor Name: _____

Solo Christo Pastor Information Sheet (3/3)

SOLO CHRISTO | PO BOX 2094 | KINGSFORD, MI 49802

Dear Pastor,

The Solo Christo weekend is a short course in Christianity designed to help those attending this three-day program to realize their God-given potential to represent him in and through their church, in families, and in their social life and place of employment. The primary purpose of this weekend is to develop in the candidate a active sense of God's power and mission to become leaders who are distinctively "Christian" in their various environments and also to support them in this effort. Persons contemplating attending a Solo Christo weekend should be emotionally healthy individuals who seek to deepen their Christian walk. The Solo Christo retreat is not for non-Christians or even those who unpredictably new to the faith - it is not a cure-all for any who are experiencing life controlling problems. Thank you for taking the time to complete this form, and when completed please return it to the Candidate's Sponsor listed. God Bless!

Pastor's Name: _____

Church Name:_____

Church Address: _____

City: _____ State: _____ Zip: _____

- As a Pastor, do you recommend the above-mentioned candidate as a participant in the Solo Christo weekend? - Yes / No

- As a Pastor, do you recommend the above-mentioned candidate's spouse as a participant in the Solo Christo weekend? - Yes / No / n/a

Additional comments:

Pastor Signature: _____ Date: _____