

# *The Way of Christ Weekend Registration*

6:00 pm Thursday October 25 until 5:00 pm of Sunday October 28, 2019 at Kuriakos, Sylvan Lake

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Age \_\_\_\_\_ *Your age is requested for purposes of forming small groups. Be as general or specific as you choose.* Pronouns \_\_\_\_\_

Email address: \_\_\_\_\_ Check this box if you are  
a rostered church leader

Small group preference(s): \_\_\_\_\_  
(For example: Men only, etc.)

Roommate preference(s): \_\_\_\_\_  
(For example: A specific person or a roommate of a specific gender)

Reason(s) for attending *The Way of Christ* or hopes for its outcome in your life.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special Needs (physical, dietary, or other needs):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home congregation (if any) and denomination:  
\_\_\_\_\_

Sponsor (This person must be someone who has previously attended a weekend)  
Name: \_\_\_\_\_ Phone & email: \_\_\_\_\_

Emergency Contact (This person must be someone NOT attending the May 2019 weekend)  
Name: \_\_\_\_\_ Phone & email: \_\_\_\_\_

**Please return this form to:**  
**Registrar, *The Way of Christ***  
**c/o Evangelical Lutheran Church of the Cross**  
**10620 Elbow Dr. SW**  
**Calgary, AB T2W 1G4**

**Or email to: [lauraholck@gmail.com](mailto:lauraholck@gmail.com)**