

This application should be given to your sponsor who will forward it to the weekend registrar. If you do not have a sponsor then you send it directly to the registrar and a sponsor will be assigned for you.

## Great Plains Presbyterian Pilgrimage Guest Application

Name \_\_\_\_\_ Name you go by \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone (H) \_\_\_\_\_ (C) \_\_\_\_\_ Gender: M \_\_\_\_\_ F \_\_\_\_\_

Church Name \_\_\_\_\_ Denomination \_\_\_\_\_

Church Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Pastor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Are you married? Yes \_\_\_ No \_\_\_ Has your spouse attended Pilgrimage? Yes \_\_\_ No \_\_\_ If yes, when \_\_\_\_\_

Your occupation? \_\_\_\_\_

Why do you want to attend Pilgrimage? \_\_\_\_\_

Do you have any medical needs the retreat leaders should know about? Yes \_\_\_ No \_\_\_

Allergies \_\_\_\_\_

Medications \_\_\_\_\_

Dietary \_\_\_\_\_

Do you snore? Yes \_\_\_\_\_ No \_\_\_\_\_

Primary Emergency Contact Name \_\_\_\_\_ Relationship to you \_\_\_\_\_

Primary Emergency Contact Phone Numbers \_\_\_\_\_

Alternate Emergency Contact Name \_\_\_\_\_

Alternate Emergency Contact Phone Numbers \_\_\_\_\_

Sponsor Name(s) \_\_\_\_\_ Phone Number(s) \_\_\_\_\_

Sponsor Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Pilgrimage you want to attend \_\_\_\_\_ Leaders Name \_\_\_\_\_ Weekend # \_\_\_\_\_

Amount Enclosed

Full Fee (\$185) covers all costs of the weekend, including 3 nights lodging, all meals and supplies.

Deposit (\$100) I understand that the balance of (\$85) is due upon arrival on Thursday.

Scholarship needed (Check one) Full \_\_\_\_\_ Partial (\$ \_\_\_\_\_)

Your Signature \_\_\_\_\_ Date \_\_\_\_\_

Your Pastor's Signature \_\_\_\_\_ Date \_\_\_\_\_