



GREAT PLAINS PRESBYTERIAN PILGRIMAGE

GUEST REGISTRATION FORM GPPP #24 MARCH 21-24, 2019

Deepen Your Faith, Heighten Your Joy, Invigorate Your Life in Christ!

WE CAN BEST MEET YOUR NEEDS BY RECEIVING REGISTRATION 2 WEEKS IN ADVANCE

Name _____ Email _____

Address _____ City _____ State _____ Zip _____

Phone (H) _____ (C) _____ Male _____ Female _____

These questions will allow us to best serve your needs:

Why do you want to attend a Pilgrimage? _____

Do you have any medical needs retreat leaders should know about? Yes _____ No _____ (use back of form if needed)

Allergies _____ Medical Equipment _____

Do you snore - (Yes) (No) Do you use a CPAP - (Yes) (No) Are you a light sleeper - (Yes) (No)

Dietary Requirements or Restrictions _____

How did you first hear of Pilgrimage? _____ Do you know anyone who has attended a Pilgrimage or Cursillo weekend? Yes__ No__ If so, who? _____

EMERGENCY CONTACTS:

1. **Primary:** Name _____ Relationship to you _____

Address _____ City _____ State _____ Zip _____

Phone (H) _____ (C) _____ (W) _____

2. **Alternate:** Name _____ Relationship to you _____

Address _____ City _____ State _____ Zip _____

Phone (H) _____ (C) _____ (W) _____

Registration Fee: *(Make checks payable to Great Plains Presbyterian Pilgrimage or GPPP)*

_____ Full fee (\$230) [covers ALL costs of weekend including 3 nights lodging, all meals, and supplies]

_____ Deposit (\$100) [I understand that the balance of \$130 is due upon arrival Thursday or before]

_____ Scholarship Request: \$ _____ (If financial restraints would prevent attendance, partial scholarships are available)

Your signature _____ Date _____

Give registration to your GPPP representative or forward directly to:

Carin Ellefson, Registrar – 7664 Serum Ave., Ralston, NE 68127 or Email: registrar@gpppilgrimage.org