



# GREAT PLAINS PRESBYTERIAN PILGRIMAGE

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

GUEST REGISTRATION

OPEN TO ALL DENOMINATIONS

#21 March 30-April 2, 2017

#22 April 19-April 22, 2018

**->> WE CAN BEST MEET YOUR NEEDS BY RECEIVING REGISTRATIONS 2 WEEKS IN ADVANCE <<-**

Name \_\_\_\_\_ Your GPPP Representative \_\_\_\_\_

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

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Email \_\_\_\_\_ Phone (H) \_\_\_\_\_ (C) \_\_\_\_\_ Male \_\_\_ Female \_\_\_

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 \_\_\_\_\_ Snoring \_\_\_\_\_

Do you use a CPAP? \_\_\_\_\_ Are you a light sleeper? \_\_\_\_\_

Dietary Requirements or Restrictions \_\_\_\_\_

**\*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) \_\_\_\_\_

Date of the Pilgrimage you want to attend \_\_\_\_\_ (see above) Weekend # \_\_\_\_\_

How did you first hear of Pilgrimage? \_\_\_\_\_

Do you know anyone besides your representative who has attended a Pilgrimage or Cursillo weekend? Yes \_\_\_ No \_\_\_ If so, who? \_\_\_\_\_

Amount enclosed: Make checks payable to Great Plains Presbyterian Pilgrimage or GPPP

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

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

\_\_\_\_\_ Scholarship: \$ \_\_\_\_\_ partial scholarship amount requested (If financial restraints would prevent you from attending, scholarships are available.)

Your signature \_\_\_\_\_ Date \_\_\_\_\_

#21 March 30 - April 2 2017

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#22 April 19 - April 22 2018

This registration should be given to your GPPP representative who will forward it to the GPPP Registrar.

If you do not have a representative, then please send it directly to the Registrar:

Darlene Grandia  
6 West Orchard Avenue  
Council Bluffs, IA 51503