



TEAM APPLICATION FORM – GPPP #23

GREAT PLAINS PRESBYTERIAN PILGRIMAGE – October 11-14, 2018

Name: _____ Cell Phone: _____ Text: Y / N
Address: _____ Home Phone: _____
Email: _____
Church: _____ Renewal Group: _____
Pilgrimage or other 4th day Weekend attended: _____ Table: _____

NOTE: The rector will prayerfully consider all applications.

I would like to be considered for service on Team.

I am willing to make the following commitment of time, talents, and resources:

To serve Christ Wednesday through Sunday, including set-up and break-down of Camp, as I am physically able.

To attend three Saturday team meetings prior to the weekend and an Ultreya after the weekend.

To pay my share of the cost of the weekend (\$300*), or to ask for scholarship assistance, if needed.

I (have) (have not) ...previously served on a team.

If yes, please list position(s) served, weekend #(s), and Rollo(s) given, if professor:

I would like to serve as: (check ALL that apply and circle your first choice)

- () Wherever I am Needed () Head Weekend Cha () Assist Weekend Cha
() Head _____(area) Cha () Pastor () Music Cha
() Chapel Cha () Dining Cha () Table Facilitator () Professor
() Knees Palanca Cha () Palanca Cha () Dining Cha () Drama Cha/Group
() Rollo Room—Activities Cha () Rollo Room—Table Cha () Outside Cha

I (can) (cannot) ...serve on Team and am willing to support the weekend by: (check all that apply)

- o Sponsoring a guest should the need arise
o Providing transportation for guests or Team coming from out-of-town
o Praying for the weekend by signing up on Prayerbanner.org
o Helping with the Saturday Banquet
o Helping with the Sunday Closura and/or closing Serenade
o Contributing palanca for the weekend
o Helping to set-up the camp on Wednesday and/or Thursday of the weekend
o Helping for just a portion of the weekend: Day(s) _____
o Helping to break-down the camp on Sunday of the weekend
o Helping to plan or set-up for the Ultreya after the weekend
o Contributing to the Scholarship Fund (enclosed is my check for \$_____)

Mail to Rector: Vicki Hallberg, 3006 5th Ave., Council Bluffs, IA 51501 or Email: rector23@gpppilgrimage.org

Do you have any medical needs about which the Rector should be aware? Yes _____ No _____ (use back of form if needed)

Allergies _____ Medical Equipment _____

Dietary requirements or restrictions _____ Snorer () Light Sleeper () CPAP ()

*Actual costs are \$340. Payments over \$300 are greatly appreciated.

Rev. 4/26/2018