



Rekindle Your Fire Reflect Jesus Christ

Ultimate Ultreya!

GREAT PLAINS PRESBYTERIAN PILGRIMAGE

Name _____ Male _____ Female _____

Mailing Address _____

City _____ State _____ ZIP _____

Phone (H) _____ (C) _____ Email _____

Weekend # of the Pilgrimage you attended _____ Table of _____

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

Allergies _____ Medical Equipment _____

Snoring _____ Need for Medicine reminders? _____

Do you use a CPAP? _____ Are you a light sleeper? _____

Dietary Requirements or Restrictions _____

EMERGENCY CONTACTS:

1. Primary: Name _____

Phone (H) _____ (C) _____

2. Alternate: Name _____

Phone (H) _____ (C) _____

If possible, I would like to room with: (married couples will be allowed to room together)

I am including full registration fee of \$160 _____ I need to discuss scholarship options _____

Your signature _____ Date _____

*This registration, including registration fee of \$160, should be sent directly to the Registrar:
Darlene Grandia, 6 West Orchard Avenue, Council Bluffs, IA 51503*

For additional information contact:

Carolyn Ernst 402-212-7602
ernstsc@cox.net

Tami Brennan 402-657-9009
steventamib@gmail.com

Ultimate Ultreya! Friday, October 20, 2017 – Sunday, October 22, 2017
GPPILGRIMAGE.ORG