



**Florida Presbyterian Pilgrimage #15
Pilgrim Application**

Thurs April 23– Sun, April 26, 2020

Mary Kay Wagner, Moderator

Name: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

E-mail address: _____ Gender: Male Female

Daytime phone: _____ Another phone: _____

Pastor's signature: _____

Church name: _____

Emergency Contact: (name & phone) _____

Each pilgrim has a sponsor (someone who has attended a Christian retreat, like Pilgrimage and who will be the guide helping to complete the steps to the weekend.) You or your pastor may already know someone who can be this guide. If not, we will be happy to help.

Sponsor's name: _____

Address: _____

E-mail: _____ Phone: _____

Amount Enclosed:

_____ Full Fee (\$200) includes three nights lodging, nine meals, and all supplies

_____ Deposit (\$50); remainder (\$150) due upon arrival

FLPP makes every effort to keep the cost of the weekend low so this experience is affordable. If you are unable to pay the fee, please have your sponsor contact the Registrar to inquire about a partial or full scholarship. It is the intent of FLPP that no one be turned away for inability to pay.

Your signature: _____ Date: _____

Please complete, attach your deposit, and return to your sponsor for mailing to the registrar. Deadline April 10, 2020. For questions, please contact the registrar:

Bonnie Purdy, 548 Silver Course Circle, Ocala, FL 34472, BLP2376@gmail.com For more information contact: Dennis Nash at flppquestions@gmail.com.

Pilgrim Name: _____

Names and contact information for 1-3 close relatives or friends:

Name: _____ Relation: _____ Complete mailing address: _____ _____ E-mail address: _____ Telephone: _____
Name: _____ Relation: _____ Complete mailing address: _____ _____ E-mail address: _____ Telephone: _____
Name: _____ Relation: _____ Complete mailing address: _____ _____ E-mail address: _____ Telephone: _____

About you: Hobbies, interests, background (help us get to know you better) _____

Do you have any physical limitations, handicaps or medical concerns of which we should be aware?

Do you have any special dietary needs? Please specify: _____

Please return this form to your sponsor. S/He will send both applications to the registrar. If you do not have a sponsor, we will supply one.