



**Florida Presbyterian Pilgrimage #15  
Pilgrim Application**

Thurs April 23– Sun, April 26, 2020

Mary Kay Wagner, Moderator

Deadline: April 10, 2020.

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 Shepherd (someone who has attended a Christian retreat, like Pilgrimage) and who will be your guide up to, through, and after the weekend. You or your pastor may already know someone who can be this guide. If not, we will be happy to help.*

Shepherd's name: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

**Amount Enclosed (made payable to FLPP):**

\_\_\_\_ 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 Shepherd for mailing. For questions, please contact the registrar, Bonnie Purdy at [BLP2376@gmail.com](mailto:BLP2376@gmail.com).

For more information contact: Dennis Nash at [flppquestions@gmail.com](mailto: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 Shepherd. S/He will send both applications and deposit to:  
Christine Johnson, Treasurer FLPP, 237 Mystic Falls Drive, Apollo Beach, FL 33572.*