



### FLPP Jubilee Application

Friday, October 29 – Sunday, October 31, 2021

**Location:** The Retreat at Silver Springs  
6455 E Silver Springs Blvd, Silver Springs, FL 34488  
Mary Kay Wagner, Moderator

Application Deadline: **October 15, 2021**

Participant name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Gender:  Male  Female

Daytime phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_

Church name: \_\_\_\_\_

Pastor's name: \_\_\_\_\_

Emergency Contact: *(name, phone & relationship)* \_\_\_\_\_

*You will be provided a Shepherd (someone who has attended a Christian retreat) who will be praying for you through this journey. We will let you know who your assigned Shepherd is during the weekend.*

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

\_\_\_\_ Full Fee (\$150) includes two nights lodging, six meals, and all supplies

\_\_\_\_ Deposit (\$50); remainder (\$100) 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 contact the Moderator, Mary Kay Wagner or the Treasurer, Christine Johnson 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 full application, attach your check **payable to FLPP**, and mail to:  
*Christine Johnson, Treasurer FLPP, 237 Mystic Falls Drive, Apollo Beach, FL 33572.*

For more information you may contact the Council Chair: Dennis Nash at [flppquestions@gmail.com](mailto:flppquestions@gmail.com).

Participant Name: \_\_\_\_\_

Contact information for 1-3 close relatives or friends:

Contact #1: \_\_\_\_\_ Relation: \_\_\_\_\_

Complete mailing address: \_\_\_\_\_

\_\_\_\_\_

E-mail address: \_\_\_\_\_ Telephone: \_\_\_\_\_

\_\_\_\_\_

Contact #2: \_\_\_\_\_ Relation: \_\_\_\_\_

Complete mailing address: \_\_\_\_\_

\_\_\_\_\_

E-mail address: \_\_\_\_\_ Telephone: \_\_\_\_\_

\_\_\_\_\_

Contact #3: \_\_\_\_\_ 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_