

NC Presbyterian Pilgrimage Guest Registration
(PLEASE PRINT CLEARLY)

Date of Pilgrimage: _____ Pilgrimage Leader's Name: _____

Guest Name: _____ Name you go by: _____

Mailing Address: _____ Email address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Gender: Male Female

Age bracket: check one: 17-29____ 30-49____ 50 & up____ (optional)

Church Name: _____ Denomination: _____

Church Address: _____

Pastor Name: _____

Why do you want to attend a Pilgrimage? _____

Please complete the medical form and return it with your application.

If you have physical needs the retreat leaders should know about (other than those listed on the medical form), please describe them. Include special sleeping accommodations, issues with walking / sitting / standing, dietary restrictions or requirements, etc.: _____

Emergency Contact Name: _____ Phone: _____

Alternate Contact Name: _____ Phone: _____

Sponsor's Name: _____

Address: _____

Email: _____ Phone: _____

Amount Enclosed:

Full Fee (\$160) includes costs of 3 nights lodging, 8 meals, and all supplies.

Deposit (\$80) – Balance (\$80) is due when you arrive at Camp on Thursday.

If you are unable to pay the full fee, you or your sponsor may contact the Registrar about arranging for **financial assistance**. It is the intent of NCPP that no one should be turned away for inability to pay the fee. ***NCPP makes every effort to keep costs of the weekends very low so that this experience is affordable for as many as possible.***

Your Signature: _____ Date: _____

Your Pastor's Signature: _____ Date: _____