

NC Presbyterian Pilgrimage Guest Application
(PLEASE PRINT CLEARLY)

Date of Pilgrimage: _____

Name: _____ Name you prefer: _____

Mailing Address: _____ Email address: _____

City: _____ State: _____ Zip: _____

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

Age bracket: check one: 22-29 ___ 30-49 ___ 50 & up ___

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 (\$180) includes costs of 3 nights lodging, 8 meals, and all supplies.
- Deposit (\$90) – Balance (\$90) is due when you arrive at Camp on Thursday.
- My sponsor is aware I am not able to pay the full fee, but I can pay this amount \$ _____

Check any if applicable:

I have had medical/special training in the following area(s):

EMT _____	Dr. _____	LPN _____	Sign Language _____
CPR _____	RN _____	Other _____	Bi-Lingual _____

Your Signature: _____ **Date:** _____

Your Pastor's Signature: _____ **Date:** _____

MEDICAL INFORMATION
(to accompany the Guest Application)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Emergency contact(s):
_____ Phone: (____) _____

_____ Phone: (____) _____

Doctor: _____ Phone: (____) _____

I currently take the following medications (attach separate sheet, if needed):

Medicine	Dose	Time(s) of day
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Allergies (drug, food, etc.)

Pertinent medical information or other information you would like us to know:

Insurance Information (company, policy number)

Check any if applicable:

I have had medical/special training in the following area(s):

EMT _____ Dr. _____ LPN _____ Sign Language _____
CPR _____ RN _____ Other _____ Bi-Lingual _____

The information on this page is confidential. It will be destroyed at the close of the weekend.
Thank you for your cooperation.

Sponsor's Application Form
(to accompany Guest's Application, Check and Medical Form)

Guest's Name: _____ City: _____ T-Shirt size _____

If the Guest is married, has his/her spouse made a Pilgrimage? _____

If so, when? _____ Where: _____

If not, has the spouse shown a desire to attend Pilgrimage? _____

Sponsor's Name: _____

Ad-
dress: _____

_____ Email: _____

Phone: _____ Church: _____

How long have you known your guest and what is your relationship with him/her?

How long have you been discussing Pilgrimage with your guest? _____

Is your guest active in church activities? _____

Does your guest need special physical accommodations? Smoker? _____

Have you discussed the physical requirements of the weekend with your guest? _____

Has your guest had any recent life changes? _____

Please describe any characteristics of your guest that will be helpful for table assignments (for example, leader at church or work, talkative, quiet, shy,) _____

How do you think your guest would benefit from a Pilgrimage weekend?

Have you discussed the cost of the weekend with your guest?

Have you read and do you accept the responsibilities as outlined in the Guidelines for a Pilgrimage Sponsor?

Sponsor Signature _____ ***Date*** _____

Mail to:

· Katherine Parnell, 419 North Fayetteville Street, Parkton, NC 28371 **(East)**
910-633-3173

· Lenwood Collins, 504 Wedgedale Avenue, Greensboro, NC 27403 **(Piedmont)**
336-294-8274

· Chip and Sue Todd, 6912 Ellington Farm Lane Mint Hill, NC 28227 **(Western)**
Chip 330-607-1980 or Sue 704-724-2690

Guidelines for a Pilgrimage Sponsor

Sponsoring a guest to go to Pilgrimage has many responsibilities. You should choose guests very carefully. Talk to the Lord about your guest before you talk to your guest about Pilgrimage. These responsibilities will be mailed to you in the form of a checklist so that you will not forget what to do. The success of your guest's 4th Day depends on **YOU**.

1. When you are looking for guests for Pilgrimage, bear in mind the influence they will have on others, not only the good they will derive from Pilgrimage for themselves.
2. Ask yourself: Are they active in a Christian community or seeking one?
3. Are they at least 22?
4. **Remember:** Pilgrimage is for Christians who desire a closer relationship with Christ. Pilgrimage is not designed to convert anyone to Christianity. It is meant for those who are already faithful and committed to Christ and his Church. And most importantly, **THEY ARE NOT TO FIX ANYONE'S PROBLEMS**. If this is why you are sponsoring your guest, please pray over it some more.
5. If unsure about whether guest is ready to attend a weekend, please discuss this with the Rector.
 - Pray for your guest often: before, during and after the 72 hours of Pilgrimage.
 - Provide potential guest with brochure or the website for guests. (NCPPI.net)
 - Be sure the guest's application and medical form is completed and turned in at least (3) weeks prior to Pilgrimage along with the sponsor's application.
 - Pastor signature is important. Having the pastor informed about Pilgrimage allows them to be supportive of the guest.
 - Check with your guest often to see if he/she still plans to attend. If there are any changes, let the Registrar or contact person know right away.
 - Write Palanca for your guest and for the team and guests in general.
 - If you are not serving on the team, sign up for the Prayer Banner through www.prayerbanner.org and attend the Serenade. Serenade is for those who have made a Pilgrimage weekend.
 - Obtain Palanca letters from family and close friends. Bring them to the Send-Off and discreetly give them to the Head Palanca Team member. Registrar can assist you.
 - Bring your guests to Send-off and stay with them until they leave with the Rector to go to the Rollo Room.
 - Meet with them back at the Closing.
 - Assist your guest in becoming active in a reunion group and follow up with encouragement. Are you in a reunion group?
 - Bring your guest and their family to the first Ultreya after the Pilgrimage weekend.

The sponsor will mail the guest application, sponsor application, medical form, and deposit to the Registrar. All applications must be filled out **COMPLETELY**. No place will be held on the weekend for a guest until guest, sponsor applications and check are received. The Registrar will notify both the guest and the sponsor when the guest has been accepted for the weekend. Remember, in sponsoring, you are your brother's keeper, so do everything in your power to make your guest's Pilgrimage a success in Christ.

The Guests and Christ are counting on you!