



GREAT LAKES PILGRIMAGE
TEAM APPLICATION

Echo Grove Camp and Retreat Center

#54 March 10-12, 2023 #56 October 13-15, 2023

Name _____ First Pilgrimage Attended _____

Mailing Address _____ City _____ State _____ Zip _____

Phone _____ cell home Email _____

Church Name/Denomination _____

Dietary Needs: Medical Diet **explain** _____ Vegetarian
Gluten – Lactose – low Sodium – low Fat – Diabetic – Food Allergies

Allergies? _____

Please be painfully honest for the sake of other guests Do you snore? Yes No If yes, is your snoring heavy/loud?

Can you sleep in the same room with a snorer? Yes No

Other sleep habits we need to be aware of? _____

Do you have medical/emergency experience? _____

Emergency Contact

Name _____ Relationship _____

Address _____ City _____ State _____

Phone _____ cell home Email _____

Full fee \$135* (includes 2 nights lodging, all meals, and pilgrimage materials)- **due 30 days before the start of the weekend.**

***Financial Assistance-** Please prayerfully consider what you are able to pay toward the cost of your weekend-no amount is too small.

I am able to pay \$ _____ toward the cost of the weekend and will need \$ _____ support.

Checks should be made payable to Michigan Presbyterian Pilgrimage. Please send this application together with your fee to:

Lisa Rood
21251 Danbury
Clinton Twp, MI 48035
(586) 791-4329
lisa.rood@yahoo.com

Alcoholic beverages are not permitted anywhere on the grounds of Echo Grove Camp and Retreat Center