



GREAT LAKES PILGRIMAGE  
TEAM APPLICATION  
Echo Grove Camp and Retreat Center

#52 Sept 30-Oct 2, 2022  #54 Spring, 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](mailto:lisa.rood@yahoo.com)

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