



**GREAT LAKES PILGRIMAGE
TEAM APPLICATION
Echo Grove Camp and Retreat Center**
 #50 May 20-22, 2022 #52 Fall, 2022

Name _____ First Pilgrimage Attended _____
Mailing Address _____ City _____ State _____ Zip _____
Phone _____ cell home Email _____
Church Name/Denomination _____

Do you have any special medical needs? Yes No If yes, please explain. (include list of medications) _____

Allergies? _____ Dietary Restrictions? _____

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