** MICHIGAN PILGRIMAGE TEAM APPLICATION**

 **Amigo Centre, Sturgis Amigo Center, Sturgis**

 ☐ April 18 - 21, 2024 ☐ October 10 - 13, 2024

**I am willing to make the following commitment of time, talents and resources.**

* To attend team meetings on two designated Saturdays **prior to the weekend** well as the Celebration following
* To serve Christ Thursday – Sunday including set-up and break down of the Camp
* To pay my share of the cost of the weekend ($250), or to ask for partial financial assistance if needed.

**I will serve wherever the Rector feels my talents may be best used for the weekend guests.**

Name First Pilgrimage Attended

Mailing Address City State Zip

Phone cell [ ]  home [ ]  Email

Church Name/Denomination

I have served on previous teams as *(list position(s) served, dates and talks given*):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any special medical/mobility needs? Yes [ ]  No [ ]  If yes, please explain.

Allergies? Dietary Restrictions?

***Please be painfully honest for the sake of other team and 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 [ ]

Do you use a CPAP Machine? Yes [ ]  No [ ]

Do you have medical/emergency experience? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact**

Name Relationship

Address City State

Phone cell [ ]  home [ ]  Email

**Amount Enclosed:** Please make check payable to Michigan Pilgrimage.

[ ]  $250\* – **Full Fee** Covers all costs of the weekend, including 3 nights lodging, all meals and supplies.

[ ]  $125 – **Deposit** To be submitted with application unless other arrangements made with Rector.

I understand that the balance of $125 is due on or before the 2nd team meeting.

**Financial Assistance Needed** – Limited assistance is available and will be awarded on an as-needed basis.

[ ]  I am able to pay $\_\_\_\_\_\_\_\_\_ toward the cost of the weekend and will need partial support.

 *The Pilgrimage Community so wishes all to be able to participate in the weekend experience as a team member*

 *that a financial assistance fund is available to provide up to 50% of the team registration fee for first time team members.*

***\*Smoking and alcoholic beverages are not permitted anywhere on the grounds of the Amigo Centre \****

**Please send this application together with your fee to:**

Richard Yeckley, Treasurer, 65232 Fair Road Sturgis, MI 49091

rkyeckley@yahoo.com

269.377.9187

*PayPal payment option is available by at michiganpilgrimage.org/registration.*