

Presbytery of the James: Pilgrimage

Application to attend a weekend. Please print. Please use separate applications for each participant.

Date of weekend you are applying for: _____ (Please reserve Thurs eve thru Sun eve)

Name _____

Name you prefer to be called _____

Address _____

City State Zip

Home phone (____) ____ - _____ Business phone (____) ____ - _____

Sex _____ Birth date _____ E mail address _____

Occupation _____

Marital Status _____ Spouses first name _____

Are you on a special diet? _____ Please specify _____

Do you have any physical limitations? _____ Please specify _____

Name of the Church you attend and address: _____

Your pastor: _____ Are you a baptized Christian? _____

Church activities in which you participate: _____

State briefly and frankly why you wish to attend a Pilgrimage Weekend, what you expect from it, and anything about yourself and your faith you'd like to share. _____

After completing this form, return it to your sponsor (the person who invited you to attend), with a deposit of \$75. **THERE ARE NO ADDITIONAL COSTS TO YOU FOR YOUR WEEKEND** as the expenses are being underwritten by gifts from individuals who have experienced a weekend and wish to share the experience with you. The check should be made payable to: **PRESBYTERY OF THE JAMES PILGRIMAGE.**

*****for use by the Application Chairperson*****

Rept. Of Application _____ Acceptance Letter Sent _____ Directions/Weekend Instr. _____

SPONSORS:

Please read the following statement carefully and give it prayerful consideration:

PRESBYTERIAN PILGRIMAGE is a method of Christian renewal in the church. Individuals recommended for Pilgrimage should be currently active in a local church and have a desire to deepen their faith to become closer to Christ in their Discipleship. As a sponsor, you are required to provide information to the applicant to assist him/her in the decision to attend a weekend, to help him/her to enter fully into the Pilgrimage fellowship after the weekend, to provide prayer and other support and to provide transportation to and from the Pilgrimage weekend.

TO BE COMPLETED BY THE SPONSOR

Sponsor's Name(s) _____

Address _____

Home phone (____) _____ - _____ Business phone (____) _____ - _____

E mail _____ Church you attend _____

Your Pilgrimage/Emmaus/Cursillo weekend (when and where) _____

Why are you sponsoring this applicant? _____

I accept my responsibility in sponsoring this applicant.

Sponsor signature

Date

TO BE FILLED OUT BY APPLICANT'S PASTOR

Church _____

Date _____

Address of Church _____

Church Phone (____) _____ - _____

Pastor's Signature _____

Printed Name _____

Please mail all PARTICIPANT applications to:

Claudia Dickerson
10271 Cloverlea Court
Mechanicsville, Virginia 23116
Phone: (804) 550-0841
E mail: Claudia.Dickerson@suntrust.com

Date Received _____