

“Walk the Ancient Sands Pilgrimage”

Registration Form

PILGRIMAGE DATE

Contact Information

Full name:

Name to appear on your name tag:

Preferred phone number:

Your home church (if applicable):

City or town where you live:

***** Completed form and payment is due
3 days before pilgrimage date. *****

Emergency Contact Information

Emergency contact name:

Phone number:

Relationship:

Health Conditions

Do you have any health conditions we should be aware of? Do you have the medical supplies you need take care of your needs? (For example, asthma pump, epipen, etc). Please specify.

Food allergies

Do you have any serious food or drink allergies? (For example, peanuts, nuts, etc). Please specify.

Fee, please e-transfer to unitedinpec@gmail.com

There is a \$20 fee to participate which covers expenses. If you have trouble with this fee please let us know, bursaries are available. Send e-transfer to unitedinpec@gmail.com

YES / NO - I have read the document called Pilgrimage FAQs which has all the details and information about the pilgrimage.

Contact Info of Organizer

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