



Note: Please send this to your sponsor after completion so they can submit it along with their recommendation.

7MWWJ PILGRIM APPLICATION v. 5-25

Full Name: _____

You prefer to be called: _____

Address: _____

Sponsor Name: _____
Emergency Contact: _____
EC Phone #: _____

Gender: _____

Email: _____

Phone1: _____

Phone2: _____

Date of Birth: _____

Occupation: _____

Single Divorced Married (to _____) Widow/er

Name & Denomination of Church you attend: _____

City/State: _____

Name of Pastor: _____

7MWWJ is committed to ensuring the participation of all eligible persons, regardless of how he/she is physically challenged. In order to make this a reality, we need information that would help us assist you:

- Deaf/HH ASL Interpreting Blind/Low Vision Snoring/CPAP
- Mobility Needs: _____
- Dietary Needs: _____
- Medical Concerns: _____
- Other: _____

Please give a brief statement about why you wish to attend a 7MWWJ Weekend, what you expect from it, etc. and/or anything about yourself and your faith you wish to share.

A deposit of \$50 must accompany this application for it to be processed. If you are assigned to a weekend and fail to attend you will be invited two other times. The deposit will not be refunded. Your sponsor can supply you with information about the dates for upcoming Weekends. If selected for a weekend you will be notified approximately two months before the weekend. After you have completed this side of the form, give it to your sponsor for completion. **Be sure to include your \$50 deposit made payable to 7MWWJ, Inc. for us to process this application.**

Signature of Applicant

Date