

Emmaus of the Midlands

Walk to Emmaus Application

___Men's Walk
___Women's Walk

Spring___
Fall___

1. Name_____ 2. Badge Name _____
3. Home Address_____ 4. City/State/Zip_____

5. Date of Birth_____ 6. Marital Status_____ 7. Spouse Name, if married _____

8. Other family members at home_____

9. Email Address_____ 10. Occupation _____

11. Mobile Phone_____ 12. Home/Other Phone _____

13. Are you an ordained member of the clergy? _____ 14. Name of Pastor_____

15. Name of your church_____ 16. Denomination_____

17. Church, community, or other organizations you are involved in: _____

18. Has the **Walk to Emmaus** been explained to you? _____ 19. State briefly why you wish to attend, what you expect from it, and anything else you wish to share about yourself or your faith. _____

20. Will you freely participate in daily communion with people of other denominations? Yes _____ No _____

21. Are you on a special diet? _____ 22. Any food allergies? _____ If yes to either, explain: _____

23. Do you have any health or physical condition that may need to be considered? _____

24. If yes, please describe and include necessity of medications _____

25. Do you have hearing loss or wear hearing aids? _____ If you have a hearing or a vision problem which requires consideration in seating (proximity to person speaking), please explain _____

26. Sponsor's Name _____

27. Please give name, address, and phone number of relative not living with you:

Name: _____ Phone Number (____) _____

Address_____ 30. City/State/Zip _____

28. Today's date _____ Your signature_____

All of the above information is necessary for proper placement on the Walk to Emmaus. **FILL IN ALL BLANKS LEGIBLY. A non-refundable registration deposit of \$50 is required** and will be applied to the registration fee of **\$150**. Make check payable to: **Emmaus of the Midlands**. The sponsor must complete the **Sponsor's Covenant** and mail in the application. Thank you.