

**Walk to Emmaus Application**  
**Emmaus of the Midlands**

PO Box 25165, Columbia, SC 29224

\_\_\_ Men's Walk  
\_\_\_ Women's Walk

Spring \_\_\_  
Fall \_\_\_\_\_

1. Name \_\_\_\_\_ 2. Tag Name \_\_\_\_\_ 3. Date of Birth \_\_\_\_\_  
4. Home Address \_\_\_\_\_ 5. City/State/Zip \_\_\_\_\_  
6. Marital Status \_\_\_\_\_ 7. Spouse Name, if married \_\_\_\_\_  
8. Other family members at home \_\_\_\_\_  
9. Email Address \_\_\_\_\_ 10. Occupation \_\_\_\_\_  
11. Home Phone \_\_\_\_\_ 12. Work/School 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 \_\_\_\_\_

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

27. Name: \_\_\_\_\_ 28. Phone Number (\_\_\_\_) \_\_\_\_\_

29. Address \_\_\_\_\_ 30. City/State/Zip \_\_\_\_\_

31. Today's date \_\_\_\_\_ Your signature \_\_\_\_\_

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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 \$40 is required** and will be applied to the registration fee of **\$120.** Make check payable to: **Emmaus of the Midlands.** The sponsor must complete the **Sponsor's Covenant** and mail in the application. Thank you

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