

# Darke County Area Emmaus Walk Registration Form



To be completed by the PILGRIM and mailed in by the SPONSOR.  
All information is for appropriate placement and will remain confidential.  
Please be as complete as possible.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Preferred Name (FOR NAME TAG) \_\_\_\_\_

Age \_\_\_\_\_ Gender M F \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Occupation/Employer \_\_\_\_\_

Business Phone \_\_\_\_\_

Marital Status \_\_\_\_\_ Single Married Separated Divorced Widowed

Spouse's name \_\_\_\_\_

|                                |     |                         |
|--------------------------------|-----|-------------------------|
| Has Spouse been on a Walk?     | Y N | If yes, when and where? |
| How many children do you have? |     |                         |

## List 2 close friends **\*\*Their complete address is needed!**

Name #1 \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ E-mail: \_\_\_\_\_

Name #2 \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ E-mail: \_\_\_\_\_

List any special diet needs \_\_\_\_\_

Describe any medical conditions or physical handicap of which we need to be aware.

\_\_\_\_\_

\_\_\_\_\_

Church you attend \_\_\_\_\_

Pastor's signature (required) \_\_\_\_\_

Church address \_\_\_\_\_

Church phone \_\_\_\_\_

Can you attend on short notice            Y    N            How much notice do you need \_\_\_\_\_

Do you need scholarship assistance    Y    N

Has the Walk to Emmaus been explained to you            Y    N

Was the Walk to Emmaus explained to your spouse    Y    N

May we list your name as a Pilgrim on the Walk in our Newsletter and on our Web Site    Y    N

Briefly state why you want to attend an Emmaus Walk and how you expect to benefit from it \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Pilgrim Signature \_\_\_\_\_ Date \_\_\_\_\_

Please attach a pre-registration deposit of \$20.00.            The deposit is non-refundable.  
This deposit will be applied toward the contribution of \$80 which partially offsets the expense of the Emmaus Weekend  
Make Checks payable to "Darke County Area Emmaus"

**This section to be filled out by the Sponsor**

Sponsor's name \_\_\_\_\_

Date \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Where and when did you attend your walk? \_\_\_\_\_

Have you fully explained the Walk to Emmaus to the applicant and their spouse?    Y    N

Will you invite your pilgrim to your Share/Reunion Group after the walk?    Y    N

**Sponsor's signature** \_\_\_\_\_

Mail COMPLETED form to:

Darke County Area Emmaus, PO Box 482, Greenville, OH 45331 ATTN Registrar

www.dcaec.org

Revised 05/2013