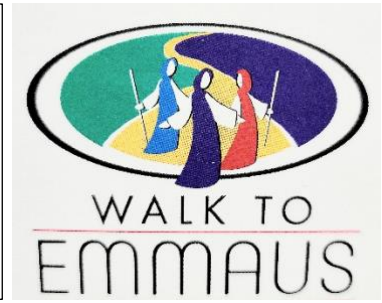


Darke County Area Emmaus Community Walk Registration Form



To be completed by the **PILGRIM** and mailed in by the **SPONSOR**. All information to be used 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 _____ Number of Children _____

Marital Status _____ Single _____ Married _____ Separated _____ Divorced _____ Widowed _____

Address _____ City/State _____ Zip _____

Phone _____ Email _____

Occupation/Employer _____ Business Phone _____

Spouse's Name _____

Has Spouse attended an Emmaus Walk? Y N _____ If YES, when and where? _____

List 2 Close Friends: **Please include COMPLETE address**

Name #1 _____

Address _____ City/State _____ Zip _____

Phone _____ Email _____

Name #2 _____

Address _____ City/State _____ Zip _____

Phone _____ Email _____

Please list any special dietary needs: _____

Please describe any medical condition or physical handicap of which we need to be aware: _____

Church you attend: _____

Church Address/Phone: _____

Pastor's Signature (required): _____

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

Has the Walk to Emmaus been explained to your spouse? Y N

May we list your name as a Pilgrim in our Emmaus Newsletter and on our website (DCAEC.org) Y N

Briefly state **why** you want to attend the Walk to Emmaus and **how** you expect to benefit from it: _____

Pilgrim Signature: _____ **Date:** _____

Please attach a **non-refundable** pre-registration deposit of \$20, with checks payable to "Darke County Area Emmaus". This deposit will be applied toward the total contribution of \$100, which partially offsets the expense of the Emmaus weekend. Balance is payable at weekend registration.

This section to be filled out by the SPONSOR

Sponsor's Name: _____

Address: _____ City/State _____ Zip _____

Phone: _____ Email: _____

Where and when did you attend your Emmaus Walk? _____

Have you fully explained the Walk to Emmaus to your applicant & spouse? _____

Will you invite your pilgrim to your Share/Reunion Group after their Walk? _____

Sponsor's Signature _____ **Date:** _____

Mail COMPLETED form with deposit to: Darke County Area Emmaus, ATTN Registrar
P.O Box 482, Greenville Ohio 45331

