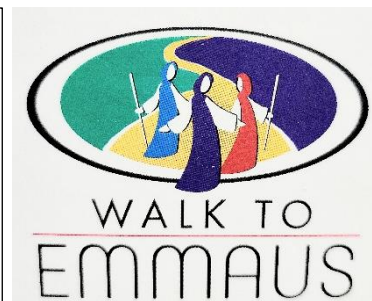


Darke County Area Emmaus Community

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 Phone & Email

Address City/State/Zip

Name #2 Phone & Email

Address City/State/Zip

EMERGENCY CONTACT (required): Name: Phone:

Allergies/Special Dietary Needs:

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

Revised 03/2024