

SPRINGFIELD AREA WALK TO EMMAUS

(Please PRINT and fill in ALL blanks)

Name _____ Age ____ Sex M ____ F ____
(as preferred on name tag)

Address _____ Phone _____

City _____ State _____ Zip Code _____ - _____

Church now attending: _____ Pastor: _____

Church Address _____ City _____ State ____ Zip _____

Married ____ Single ____ Divorced ____ Widowed ____ Separated ____

Spouse's name _____ Walk spouse attended _____

Sponsor's name _____ Phone _____

Address _____ City _____ State ____ Zip _____

Walk attended _____

Dietary concerns

Medical concerns

Disability concerns

Occupation: _____ Company Name: _____

Name of a close friend: _____ Phone: _____

Address: _____ City/State _____ Zip: _____

Briefly state why you want to attend a Walk to Emmaus and what you expect.

Would you be able to attend on short notice? Yes ____ No ____ Perhaps ____

I understand that this application does not reserve a position on a particular Walk, but does place me on a list for future Walks to Emmaus in Springfield.

Signature _____

Date _____

Enclose a NON-REFUNDABLE, NON-TRANSFERRABLE deposit of \$25.00, which applies to your \$75.00 donation to offset expenses. Make checks payable to Springfield Area Emmaus. Remit to: Registrar, Springfield Area Emmaus, High Street United Methodist Church, 230 E. High St., Springfield, OH 45505.

REGISTRATION ONLY

Date received _____ Card sent to: Sponsor _____ Pilgrim _____

Deposit rec'd _____ Cash _____ Check # _____ Rec'd from _____

1st Invite _____ 2nd Invite _____ 3rd Invite _____ Inactive _____