WALK TO EMMAUS APPLICATION

Emmaus of the Midlands | P.O. Box 85, Lexington, SC 29071 | info@midlandsemmaus.com

WALK SELECTION

Walk: ○ Men's Walk ○ Women's Walk **Season:** ○ Spring ○ Fall

PERSONAL INFORMATION

1. Full Name

2. Name Used

3. Date of Birth MM/DD/YYYY

4. Home Address

5. City **State** SC **ZIP**

6. Marital Status Single

7. Spouse Name, if married

8. Other family members living at home

9. Email Address

10. Occupation

11. Home Phone **12. Work/School Phone**

CHURCH INFORMATION

13. Are you an ordained member of the clergy? ○ Yes ○ No

14. Name of Pastor

15. Name of your church

16. Denomination

17. Church, community, or other organizations you are involved in:

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EMMAUS AND FAITH

18. Has the Walk to Emmaus been explained to you? ○ Yes ○ No

19. State briefly why you wish to attend, what you expect from it, and anything else you wish to share:

20. Will you freely participate in daily communion with people of other denominations? ○ Yes ○ No

DIETARY AND MEDICAL INFORMATION

21. Are you on a special diet? ○ Yes ○ No

22. Any medical-related food allergies? ○ Yes ○ No

If Yes to either Question 21 or 22, please explain:

23. Do you have any health or physical condition that may need to be considered? ○ Yes ○ No

24. If Yes, describe the condition and include the necessity of medications:

25. Do you have hearing loss or wear hearing aids? ○ Yes ○ No

If a hearing or vision problem requires seating consideration, please explain:

SPONSOR

26. Sponsor's Name

Sponsor's Phone Number

Sponsor's Email Address

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EMERGENCY CONTACT

Please provide the name, phone number, and address of an emergency contact who does not live with you.

27. Emergency Contact Name

28. Phone Number

29. Street Address

30. City **State** SC **ZIP**

ACKNOWLEDGMENT AND SIGNATURE

31. Today's Date MM/DD/YYYY

Your Signature

All information is necessary for proper placement on the Walk to Emmaus. Fill in all blanks legibly. A non-refundable registration deposit of $50 is required and will be applied to the total registration fee of $250. Make the check payable to Emmaus of the Midlands. Give this completed application to your sponsor so the sponsor may complete the Sponsor's Covenant and mail in the application.

FOR COMPLETION BY EMMAUS REGISTRAR

Date received **Check #** **Amount** **Purpose**