## **JACKSON AREA EMMAUS COMMUNITY**

## **WALK REGISTRATION FORM**

(PLEASE PRINT-PILGRIMS fill in this side only)

		CIIK. AIIIL./NO
Name:		
, ,		
Preferred FIRST NAME on BUTTON:		No. of Children:
Mailing Address		
(Number and Street)	(Apt #) (City)	(State) (Zip Code)
Home Phone:	Work Phone:	
Cell Phone:	E-Mail:	
Marital Status:Married;S		
SPOUSES NAME:	PHON	IE:
Occupation:	Employer:	
Church		
(Church you	attend)	(Denomination)
Church Address:		
Pastor's Name:		
Church / Community positions held:		
Briefly state why YOU wish to be invo	olved in the Emmaus Comn	nunity and What you expect
to gain from your involvement:		
EMERGENCY CONTACT:		Phone:
Has your spouse attended a walk?	If not, is he/she re	gistered for a Walk?
Has the Walk to Emmaus been expla	ined to you?	
Do you agree to make this 72 hour co	ommitment?	
Have you been informed of the follo	w up program of Emmaus ย	groups/gatherings?
RESTRICTIONS / SPECIAL NEEDS: A	nything that may require a	ttention on a walk
PLEASE DO NOT LEA	VE BLANK, IF NONE	.PLEASE WRITE NONE!
Do you have any Food Allergies?	Dairy	?
Are you <b>Diabetic</b> ?		n Free?
Do you use a <b>C PAP machine</b> ?		
Do you <b>NEED</b> a <b>Cot?</b>		
Medications that you are currently t	aking & Schedule:	
Medical Conditions that you have?		
Your cost for the Emmaus Weekend is \$	100.00. A non-refundable pro	e-registration deposit of
\$40.00 is required when you turn in you		palance is due at the
time of the walk- <b>Thursday Evening at 6</b> :		
You can make checks out to: Jackson Ar		
Please return this form to you	ir sponsor ASAP in order to	get your application processed.
Your Signature:		Date Signed:
You will be notified of your acceptan	ce and date of your Walk s	ix weeks prior to the Walk.
PLEASE EAT DINNER BE	FORE ARRIVING THURSDA	Y EVENING OF THE WALK!!
T-SHIRT SIZ	7F	
. 3		
Sponsor's Signature:	Snonso	r's Phone No
2P2201 2 21B114141 C1		

Office Use Only:

Date Received:\_

Date Walk:\_

## SPONSOR: (Please fill out this side COMPLETELY--PLEASE PRINT.)

Name:								
(LAST)	(F	(FIRST)						
Mailing Address:								
(Number and Street)	(Apt. #)	(City)	(State)	(Zip Code)				
Daytime Phone:	Evening	g Phone:						
Cell Phone:	E-	Mail:						
Church you Attend:	Past	Pastor's Name:						
Church Address:	Denomination:							
Where did you take your Walk to Emmaus?When?:								
HAVE YOU COMPLETED SPONSORSHIP TRAIN								
Are you part of a 4th Day group?:		_						
How many pilgrims have you sponsored in the last year?  How long have you known your Pilgrim?:								
Pilgrims should be emotionally stable and not		an emotion	al crisis.					
Does your candidate have the physical and mental health neded for an Emmaus Weekend?								
Does your candidate have the physical and me	ental health ne	eded for an	Lillilaus	Weekenu:				
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## Mail this form and the \$40.00 registration fee to:

Kim Miller

Phone: 517-581-8096 Email: cevinscollision@comcast.net

4520 Wolf Lake Rd. Grass Lake, MI 49240

Registration cut off date is 4 weeks before the walk weekend. NO EXCEPTIONS!!!!!