

HIGH PLAINS WALK TO EMMAUS APPLICATION FOR PILGRIM

July 1, 2008 - *Please discard previous forms*

The following information is to be filled out by the applicant. All information is necessary for proper placement on a Walk to Emmaus.

Name: _____

Birth Date: _____ M _____ F _____ Age _____

Mailing Address: _____ City _____ State _____ ZIP _____

Name you would like on your name tag: _____

Phone No: Home _____ Work _____ Cell _____

Company Name: _____ Occupation: _____

E-Mail: _____

Name and denomination of church you are now attending _____

Spouse Name: _____ Has your spouse attended a Walk? ____Y ____N

If yes, please put date and place: _____

Sponsor's Name, Address & Phone No. _____

Are you on a special diet? ____Y ____N If yes, please explain: _____

Are you on special medication? ____Y ____N If yes please explain: _____

Do you have any health problems or physical challenges that could affect your participation at a Walk to Emmaus? ____Y ____N If yes please explain _____

Do you snore? ____Y ____N Do you smoke? ____Y ____N

Do you have trouble hearing? ____Y ____N

Has the Walk to Emmaus been explained to you including the Post-Walk to Emmaus activities? ____Y ____N

In case of emergency please notify: Name _____

Address _____ Phone Number _____

We list name only of pilgrims on the Emmaus web site so people can be praying for the pilgrims prior to and during their walk..

Are you willing to have your name listed on the web site? Agree (Yes) _____ Disagree (No) _____

Please enclose a check made payable to High Plains Walk to Emmaus **in the amount of \$150.00**. This is the full cost of the weekend and unfortunately it is not tax deductible. Your check will be deposited when received, but is refundable until 7 days before the Walk. In the event that you must cancel, please notify the Emmaus Registrar and your Sponsor immediately.

Please have your Pastor or a Clergy representative sign this form. After you have completed this form, return it, together with your check to your Sponsor. Your sponsor will mail it to the Emmaus Registrar.

Applicant's Signature: _____ Date: _____

Pastor's Signature: _____ Date: _____