

SPRINGFIELD AREA WALK TO EMMAUS (Please PRINT and fill in ALL blanks)

Name \_\_\_\_\_ (as preferred on name tag) Age \_\_\_\_ Sex M \_\_\_\_ F \_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ - \_\_\_\_\_

Email address \_\_\_\_\_

Church now attending: \_\_\_\_\_ Pastor: \_\_\_\_\_

Church Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Married \_\_\_\_ Single \_\_\_\_ Divorced \_\_\_\_ Widowed \_\_\_\_ Separated \_\_\_\_

Spouse's name \_\_\_\_\_ Walk spouse attended \_\_\_\_\_

Sponsor's name \_\_\_\_\_ Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Walk attended \_\_\_\_\_

Any Dietary, Medical or 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. (you may use the back, also)

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 \_\_\_\_\_ Revised Sept. 2023