Springfield Area Walk To Emmaus						
	(P	lease print and	d fill in all l	blanks)		
Name:			Age:	Sex:	Male □	Female 🗌
Address:					Phone: _	
City:			State: _		Zip Code:	
Church you are now atte	ending:					
Married ☐ Sin				Widowed	_	Separated
Spouses Name:				_ Walk Atte	nded?	
Address:						
City:	State: _			_Zip Code:		
Dietary Concerns:						
Medical Concerns:						
Disablility Concerns:						
Occupation:						
Company:				Phone:		
Name of close friend:						
Address:						
Briefly state why you wa	nt to attend an I	Emmaus Wal	k & what y	you expect:		
				_		
Can you attend on short I understand that this ap list for furtur walks to En	plication does n		No □ position o	Maybe □ of a particula	nr walk, bu	t does place me on a
Signature:				Date:		
Please enclose a non-ref to offset expenses. Make Area Emmaus Communi	checks payable	e to: Springfi	eld Area I	Emmaus. Re		
		For Regist	ration On	ly		
Date received:	Card Sent	То:	Sponsor:		Pilgrim:	
Deposit Rec'd:	Cash		Check #		Rec'd From:	
1st Invite: 2nd	Invite:	3rd Invite:			Inactive:	