

Walk # _____

Place: _____

MID-MICHIGAN EMMAUS
Team Member Registration and Information

Name _____

Name preferred on name tag _____

Address _____
street city state zip+4

Telephone (____) _____ (____) _____
home work

Date of Birth _____ Sex: M F
(Circle one)

Emmaus Fourth Day _____ or other accountability group _____

Church _____
name denomination pastor

Church Address _____
street city state zip + 4

Do you have a health problem or physical handicap that could affect your participation on an Emmaus Walk? _____

Are you on a special diet or medication (circle one) YES NO If yes, please explain (include details, such as "low-salt," "diabetic," "allergic to.....," "need rollaway bed for bad back," etc. and specific time(s) for medications and/or food).

As a team member, your cost for the **WEEKEND** is \$50. For clergy and part-time team members, the cost for each **DAY** you serve is \$15.00. Checks should be made out to Mid-Michigan Emmaus. Give this sheet, your team fee, and the medical information form to the assigned representative or to the registrar.