



Walk to
Emmaus
THE UPPER ROOM®

Applicant Information:

*To be completed by person who will attend the walk –
Please fill in ALL information; incomplete application will be returned.*

Name _____ As preferred on name tag _____

Address _____
Street City State Zip + 4

Telephone [home] (____) _____ [work] (____) _____

E-mail: _____ Birth Date: ____/____/____

Male Female Clergy Lay Occupation _____

Marital Status: Married Single Widowed Divorced Separated Number of children _____

If married, has spouse attended a Walk? Yes No If no, has spouse registered for a Walk? Yes No

Church now attending: _____
Name Denomination City State Zip

Pastor's Name: _____ Phone _____

Emmaus is designed for Christians actively involved in a local church. Please list religious activities and/or community organizations in which you are or have been active:

Do you have a health problem, condition or special need could affect your attendance at a walk? Yes No
If yes, please provide details (e.g. disability, food or other allergy, dietary restriction, medication(s), specific time(s) for medication and/or food, etc.):

Emergency Contact: _____ E-mail: _____

Emergency Contact Telephone [home] (____) _____ [work] (____) _____



NOTE: The Emmaus team cannot assume responsibility for providing medical personnel.

Has the Walk to Emmaus been explained to you? Yes No

Has the follow-up program of Emmaus groups and the post-walk meeting been explained to you? Yes No

State briefly why you wish to be involved in the Walk to Emmaus and what you expect from this weekend

PLEASE NOTE: Your cost for the Walk to Emmaus weekend is \$90.00. A deposit of \$30.00 is required to reserve your place. The deposit is nonrefundable and will be applied to your cost. **Please make checks payable to Mid-Michigan Emmaus Community.** Please return your application and deposit to your sponsor as soon as possible. Your sponsor is responsible for turning in your forms.

Sponsor's Name: _____

Sponsor's Address: _____

Sponsor's Phone: (____)____-____ Sponsor's E-mail: _____

Applicant's Signature _____ Date _____

Sponsor sends completed forms to:

Trisha Wiegerink
199 Shrigley St., Apt. C
West Branch, MI 48661

junebugslug@hotmail.com