

**GREENSBURG AREA EMMAUS COMMUNITY**  
**"WALK TO EMMAUS"**  
**First Baptist Church – Greensburg, Indiana**

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Please **CIRCLE** the Walk for which you are registering.

MENS: Walk # 58 March 14-17, 2019  
 Walk # 59 October 3-6, 2019

WOMENS: Walk # 70 March 21-24, 2019  
 Walk # 71 October 10-13, 2019

Please complete **ALL** the information below so we can better meet your needs on the Walk to Emmaus weekend.

Name \_\_\_\_\_ Name Preferred for Name Tag \_\_\_\_\_  
 Address \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_  
 Emergency Contact Person \_\_\_\_\_ Emergency Contact Phone \_\_\_\_\_  
 Age \_\_\_\_\_ Your Present Occupation \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_  
 (Please Circle) Single Separated Divorced Widowed Married Spouse's Name \_\_\_\_\_ #of Children \_\_\_\_\_  
 Name of Church You Attend \_\_\_\_\_ City \_\_\_\_\_

Has the Walk to Emmaus been adequately explained to you? \_\_\_\_\_

Please circle the appropriate response. **If you respond yes to any of the four following questions, please explain on reverse.**

Do you have any special dietary needs?	Yes	No
Are you on special medication?	Yes	No
Do you have any allergies which could require special treatment?	Yes	No
Do you have any health, physical, hearing or eye handicap which will require special facilities?	Yes	No

The Emmaus movement desires participation on the part of both spouses, in a married relationship. If you are married has your spouse attended an Emmaus Walk? Yes No If yes, when and where? \_\_\_\_\_

If no, when and where is your spouse planning to participate in a Walk to Emmaus weekend? \_\_\_\_\_

Are there any close friends or relatives planning to register for the same Walk as you are? (Name) \_\_\_\_\_

In what religious or community organizations are you active? \_\_\_\_\_

State briefly why you wish to be involved in Emmaus and what you expect from it. \_\_\_\_\_

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**Please enclose a non-refundable deposit of \$25.00 to be applied toward the total fee of \$75.00 for the weekend.**

Make checks payable to: GREENSBURG AREA EMMAUS COMMUNITY.

Mail your completed application to: EMMAUS REGISTRAR, P.O. BOX 166, GREENSBURG, IN 47240

More detailed information will be sent to you four to six weeks prior to the Walk.

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**SPONSOR'S SECTION:** Before giving this form to your prospective pilgrim, please complete this section yourself.

SPONSOR \_\_\_\_\_ ADDRESS \_\_\_\_\_  
 PHONE (\_\_\_\_) \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Would you like to receive a sponsor's letter? Circle Yes or No

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FOR REGISTRAR USE ONLY: Date pd \_\_\_\_\_ Amt pd. \_\_\_\_\_ Cash/Check# \_\_\_\_\_ Paid by \_\_\_\_\_

Letter One Sent _____	Email or Postal _____	Letter Two Sent _____
Letter One Sent _____	Email or Postal _____	Letter Two Sent _____
Letter One Sent _____	Email or Postal _____	Letter Two Sent _____ after 3 <sup>rd</sup> cancellation return app.