

BIG BEND WALK TO EMMAUS

Pilgrim Application

Please complete and return this form to your sponsor.
A non-refundable registration deposit of \$25.00 is required.
The deposit will be applied toward the \$125.00 fee for the weekend.
Please make your check payable to Big Bend Walk to Emmaus.

Name _____ Age _____ Date of Birth _____ Sex _____

Address _____ City _____ State _____ ZIP _____

Home Phone () - _____ Cell Phone () - _____

Email _____

Occupation _____ Work Phone () - _____

Name you prefer for your name tag _____

Marital Status (S,M,D,W) _____ Spouse's Name _____

Has spouse attended a Walk to Emmaus/Cursillo/Tres Dias/Via de Cristo/Crysalis? _____ When _____

Name of the church you regularly attend _____ Address _____

Pastor _____

Emergency Contact: Name _____ (Please circle: FAMILY or FRIEND)

Home Phone () - _____ Work Phone () - _____ Cell Phone () - _____

Your Sponsor's Name _____

Has your sponsor explained to you the Emmaus Weekend? _____ Reunion Groups? _____

Describe any special diet you are on _____

Describe any special medication you are on _____

Describe any physical condition that would require special attention during your Walk (including needing an electrical outlet for a CPAP) _____

Briefly tell why you wish to attend the Walk to Emmaus _____

Your Signature _____ Date _____

For Use by Registrar Only

Date Received/Postmark Date: _____ Deposit Received: \$ _____

Date Invitation Sent: _____ Response: _____