



# Southeastern Indiana Emmaus Community Walk to Emmaus Weekend Application

SPRING

FALL

Men's (#83 March 22-25, 2012) – (#85 Oct 11-14, 2012)  
Women's (#84 March 29-April 1, 2012) – (#86 Oct 18-21, 2012)

Date of Application \_\_\_\_\_ (Please circle Walk applying for from above)

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

*All information will be kept confidential. Please print legibly.*

*Note: Before the weekend, names of Pilgrims are normally included on our website for prayer leading up to the Walk.  
Please check the following if you DO NOT want your last name posted. **DO NOT POST MY LAST NAME***

Name (as preferred on name tag) \_\_\_\_\_

Street Address \_\_\_\_\_ Email \_\_\_\_\_ Age \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone \_\_\_\_\_

Spouse's Name, if applicable \_\_\_\_\_

Sponsor's Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Name Of Church You Attend \_\_\_\_\_

Address of Church \_\_\_\_\_

Pastors Name \_\_\_\_\_ Phone \_\_\_\_\_

Has The Walk To Emmaus Been Explained To You? Yes \_\_\_ - No \_\_\_ **IF NOT, ASK YOUR SPONSOR!**

Have Reunion Groups And Gatherings Following The Walk Been Explained To You? Yes \_\_\_ - No \_\_\_

**Special Needs.** Please indicate any special needs so that we may better serve you during your Emmaus weekend:

- Dietary Concerns (Diabetic, vegetarian, etc.)  
\_\_\_\_\_
- Medical Concerns (Medications, allergies, sleep apnea, etc.)  
\_\_\_\_\_
- Mobility Concerns (Need assistance, trouble with stairs, etc.)  
\_\_\_\_\_

More Information \_\_\_\_\_

*NOTE: In case of emergency, your sponsor will be contacted. Please give your sponsor any emergency instructions.*

State Briefly Why You Want To Attend The Walk To Emmaus \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please enclose a deposit of \$50 to be applied to the total cost of \$125.00.(Balance due at registration)

Make checks payable to: **Southeastern Indiana Emmaus Community**

Are you in need of fee assistance? (yes---no)...partial/full scholarships are available(see your sponsor)

**WHEN COMPLETED GIVE THIS FORM TO YOUR SPONSOR TO SUBMIT.**

Sponsors, ensure this application is completed and mail it (with deposit)to:

**(Walk Registration) 3940 SR 56 – Rising Sun, IN. 47040**

(For Emmaus community use)--Date Received: \_\_\_\_\_ Deposit \_\_\_\_\_ Confirm sent \_\_\_\_\_ Final Sent \_\_\_\_\_