

**MOUNTAIN TOP EMMAUS COMMUNITY
PILGRIM'S INFORMATION REQUEST FOR "WALK TO EMMAUS"**

Please Print Legibly. It is important to fill in all information on this form and return it to your sponsor. Your sponsor will return it to Registrar.

Name of Applicant: _____ Name for Name Tag: _____

Mailing Address: _____ Email: _____

City/State: _____ Zip Code: _____ Age: _____ Sex: _____

Home Phone: () _____ Business Phone: () _____

Married: _____ Single: _____ Divorced: _____ Widowed: _____ # of Children: _____

Name of Spouse: _____ Has he/she attended the Walk To Emmaus? _____

Name, address, phone number of another family member, not residing in your home:

Name and location of the church you attend:

Pastor:

Religious or community activities in which you are currently active:

Occupation: _____ Former Occupation (if retired): _____

Are you an ordained member of the clergy? () Yes () No

YES NO

() () Has the WALK TO EMMAUS experience been explained to you?

() () Has the Follow-Up program of EMMAUS been explained to you?

() () Do you have a handicap that might affect your attendance?

() () Can you climb stairs?

() () Can you sleep on a top bunk?

() () Are you taking any medication? If yes, Please specify: _____

() () Do you require a physician prescribed diet? IF yes, please specify. **Diets must be doctor prescribed and listed on this application; otherwise, menus are served as planned.**

Please list some people you know who have attended a WALK TO EMMAUS:

Signature: _____ Date: _____

Applying for: _____ Fall _____ Spring Walk dates you are requesting: _____

Sponsor: _____