

MEMPHIS WALK TO EMMAUS APPLICATION

APPLICANT INFORMATION

---- Incomplete applications cannot be processed Fields with * are required ----

*First Name _____ *Last Name _____ Name Tag _____
 *Address _____ *City _____ *State _____ *Zip _____
 *Primary Phone # _____ Secondary Phone # _____
 Sex ___ Age ___ *Birthdate _____ (mm/dd/yy) Email _____
 Your Church _____ Pastor _____ Member ___ Visiting ___
 Marital Status Married Single Other Spouse First _____ Spouse Last _____
 Spouse applying to adjacent walk? ___ Spouse attended previous walk ___
 Occupation _____ Clergy No Yes

Emergency Contact Information

List family members or friends, other than your spouse, who may be contacted in case of a medical emergency.

First Name _____ Last Name _____ Relationship _____ Phone Number _____
 Address City State _____

Has your sponsor explained what will happen over the weekend and answered any questions you have

MEMPHIS WALKS TO EMMAUS (Select One)

February Men's Women's October Men's Women's

MEDICAL INFORMATION / SPECIAL NEEDS

Disclaimer: Every effort will be made to accommodate special needs of the pilgrims, provided we are aware prior to the walk. Otherwise, we cannot guarantee they will be met once at Country Place. Also, be aware that communion will be served during the walk. Pilgrims who have special needs - for communion (e.g. gluten-free bread) please NOTE on this application in the appropriate box. Please list any special needs or concerns, such as: medical, allergies, medications taken, medical problems, dietary needs.

Medical Needs	Dietary Needs
<input type="checkbox"/> Allergies Specify: _____	<input type="checkbox"/> Diabetic diet (Sugar-Free)
<input type="checkbox"/> CPAP Machine for sleep apnea	<input type="checkbox"/> Gluten-Free
<input type="checkbox"/> Other Medical problems/needs Specify: _____	<input type="checkbox"/> Other Specify: _____
<input type="checkbox"/> Medications Taken and Times Specify: _____	<input type="checkbox"/> Food Allergies Specify: _____
Specify ANY OTHER NEEDS: _____	

SPONSOR INFORMATION

*Primary Sponsor's First Name _____ *Last Name _____ Signature _____
 *Primary Sponsor Best Phone _____
 *Primary Sponsor Current Email _____

COMPLETED APPLICATION

Registration Fee \$150.00
 Initial Deposit 50.00
 Balance Due at SendOff 100.00
Please pay balance before walk date.

Mail Deposit or complete registration fee by check to:
Please indicate deposit for Walk # on your check
 Memphis Emmaus Registration
 P.O. Box 240414
 Memphis, TN 38124 or pay with PayPal Online