

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

The Walk to Emmaus is a spiritual renewal program intended to strengthen the local church through the development of Christian disciples and leaders.

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

MENS: Walk # 67 March 20-23, 2025
Walk # 68 October 9-12, 2025

WOMENS: Walk # 78 March 27-30, 2025
Walk # 79 October 16-19, 2025

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 page 2.**

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. _____

Please enclose a non-refundable deposit of \$25.00 to be applied toward the total fee of \$80.00 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

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

I understand and accept the responsibility of being a sponsor as explained in the Sponsor letter.

SPONSOR _____ ADDRESS _____

PHONE (____) _____ CITY _____ STATE _____ ZIP _____

Would you like to receive a sponsor's letter? Circle **Yes** or **No** If yes, US Mail or Email (circle one)

Email address _____

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

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