

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 **\$75.00** registration fee for the weekend. This fee offsets some of the expenses of your Emmaus weekend. Make your check payable to Big Bend Walk to Emmaus.

Name _____ Age _____ Date of Birth _____ Sex _____

Address _____ City _____ State _____ ZIP _____

Home Phone () - Business Phone () - Cell Phone () - Please mark the number you prefer

E-mail _____

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 _____

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 _____

Briefly state 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: