



WALK TO
EMMAUS
THE UPPER ROOM®

Pilgrim Registration Form

Greater Scioto Valley Emmaus

Please print this form and complete the information below so we can better aid you on your EMMAUS weekend. Personal information will be kept confidential. Please print NEATLY, do not write in script, and upon completion return this form to your sponsor.

LAST NAME _____ FIRST NAME _____ MI _____

NAME FOR NAME TAG _____

STREET ADDRESS _____ CITY _____

STATE _____ ZIP _____ HOME # (____) _____ CELL # (____) _____

E-MAIL ADDRESS _____

MARRIED _____ SINGLE _____ DIVORCED _____ WIDOWED _____ SEPARATED _____

OCCUPATION _____ NAME OF EMPLOYER _____

BUSINESS # (____) _____ AGE _____ SPOUSE'S NAME _____

HAS SPOUSE ATTENDED A WALK TO EMMAUS? _____ IF SO, WHERE? _____

IF NO, ARE THEY REGISTERED FOR A WALK TO EMMAUS? _____

NAME AND DENOMINATION OF YOUR CHURCH _____

PASTOR'S NAME _____

IN WHAT RELIGIOUS ORGANIZATIONS ARE YOU ACTIVE _____

DO YOU HAVE PHYSICAL LIMITATIONS OR HEALTH CONDITIONS THAT MAY AFFECT YOUR FULL PARTICIPATION IN THE EMMAUS WEEKEND? _____ IF SO, SPECIFY _____

ARE YOU ON A SPECIAL DIET? _____ IF SO, SPECIFY _____

DO YOU REQUIRE MEDICATION? _____ IF SO, SPECIFY _____

HAS THE GREATER SCIOTO VALLEY EMMAUS BEEN EXPLAINED TO YOU? _____

HAS THE FOLLOW-UP PROGRAM BEEN EXPLAINED? _____

STATE BRIEFLY WHY YOU WANT TO BE INVOLVED IN A WALK TO EMMAUS _____

CLOSE FRIEND (NOT SPONSOR) _____ FRIEND'S PHONE (____) _____

SIGNATURE _____ DATE _____

Please enclose a deposit of \$20.00 to be applied to the total fee of \$100.00. The deposit is non-refundable, but may be transferred to another Emmaus community. Make checks payable to Greater Scioto Valley Emmaus. Give this form to your sponsor to complete. Priority is given on a first come, first served basis.

MEN
Walk # _____ DATE ____/____/20____

WOMEN
Walk # _____ DATE ____/____/20____

Sponsor Information Form (Sponsor Please Complete)

SPONSOR NAME _____ ADDRESS _____
CITY _____ STATE _____ ZIP _____ HOME # (____) _____
CELL # (____) _____ SPONSOR E-MAIL ADDRESS _____
NAME AND DENOMINATION OF YOUR CHURCH _____
WHERE DID YOU TAKE YOUR CURSILLO / WALK TO EMMAUS? _____
WHEN? _____ WALK / CURSILLO NUMBER _____
DO YOU RECEIVE THE NEWSLETTER? _____ ARE YOU IN A REUNION GROUP? _____
HAVE YOU BEEN A SPONSOR BEFORE? _____ HOW LONG HAVE YOU KNOWN THE PILGRIM _____
HOW DO YOU THINK THIS PERSON WOULD BENEFIT FROM THE WALK TO EMMAUS?

ARE YOU PRAYING AND SACRIFICING FOR YOUR PILGRIM? _____ WILL YOU BRING YOUR PILGRIM TO THE
EMMAUS SITE? _____ ATTEND SPONSOR HOUR? _____ CANDLELIGHT? _____ CLOSING? _____
HAVE YOU DISCUSSED MONTHLY GATHERINGS WITH THE PILGRIM? _____ HAVE YOU DISCUSSED SHARE/
REUNION GROUPS WITH THE PILGRIM? _____ DO YOU UNDERSTAND THE RESPONSIBILITY OF ASSISTING
THE PILGRIM IN FINDING A REUNION / SHARE GROUP? _____
ARE YOU AWARE OF THE IMPORTANCE OF MINIMAL CONTACT WITH THE PILGRIM DURING THE WEEKEND,
ESPECIALLY IF THE PRILGRIM IS YOUR SPOUSE? _____
PLEASE MAKE ANY ADDITIONAL COMMENTS YOU BELIEVE MAY BE HELPFUL _____

PLEASE RETURN TO: WOMEN'S REGISTRAR or MEN'S REGISTRAR
Greater Scioto Valley Emmaus
P O Box 192
Chillicothe, OH 45601

FOR OFFICE USE ONLY

Date Received _____ Pilgrim Scheduled for _____
Pilgrim Notified _____ Sponsor Notified
_____ Pilgrim Attended Walk # _____ Date

Pilgrim joined reunion/share group _____