



Pilgrim Registration

Please complete this form and submit the \$20 deposit or full registration fee to the address listed below. The registration fee will be applied toward the total fee of \$100.00 for the weekend.

Registration is for:

- | | |
|--|---|
| <input type="radio"/> Women's Walk #63 Apr. 24th - 27th, 2025 | <input type="radio"/> Women's Walk #66 Oct. 1st - 4th, 2026 |
| <input type="radio"/> Women's Walk #64 Oct. 2nd - 5th, 2025 | <input type="radio"/> Men's Walk #49 Oct. 8th - 11th, 2026 |
| <input type="radio"/> Men's Walk #47 - Oct. 9th - 12th, 2025 | <input type="radio"/> Men's - Future Walk |
| <input type="radio"/> Women's Walk #65 Apr. 23rd - 26th, 2026 | <input type="radio"/> Women's - Future Walk |
| <input type="radio"/> Men's Walk #48 Apr. 30th - May 3rd, 2026 | |

Pilgrim

Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
First	MI	Last

Name to appear on Name Tag

First Name or Nickname for Name Tag

Address

Address Line 1

Address Line 2

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

City

State

Zip Code

Home Phone

Mobile Phone

Email

Don't have email

☐ No Email

Age

Marital Status

☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

Spouse

Spouse Name

First

Last

Has [Form.Spouse.SpouseName.First] attended an Emmaus Walk?

☐ Yes ☒ No

Is registered for an Emmaus Walk?

☐ Yes ☒ No

Church Affiliation

What church do you attend?

Denomination

What is your pastor's name?

Sponsor Information

What is your sponsor's name Name

First

Last

Sponsor's Phone

Sponsor's Email

Has the Greater Scioto Valley Emmaus been explained?

☐ Yes ☒ No

Has the follow-up program been explained ?

☐ Yes ☒ No

Briefly state why you want to be involved in a Walk to Emmaus?

Close Friend (not sponsor)

First

Last

Friend's Phone

Friend's Email

Special Needs

Specify any physical limitations or health conditions that may affect your full participation in the Emmaus weekend.

Specify any dietary concerns or special diet that you may be on.

Please specify any medication that you require.

Emergency Contact

Primary

First

Primary's Phone

Last

First person to call in case of emergency.

Secondary

First

Last

Secondary's Phone

Second person to call in case of emergency.

A deposit of \$20.00 is required to begin the registration or pay the full registration now. Send the remaining balance to:

Registrar - Greater Scioto Valley Emmaus P.O. Box 192 Chillicothe, OH 45601

Make checks payable to: **Greater Scioto Valley Emmaus.**

The deposit is non-refundable, but may be transferred to another Emmaus community.

The remaining **balance is due no later than the first day of the Emmaus weekend** and can be paid at the registration table when you arrive (cash or checks only)

Registration Fee

☒ Full Registration today - \$100.00 ☐ Deposit today, balance day of walk. - \$20.00 ☐ Deposit today, balance paid by sponsor. - \$20.00 ☐ Sponsor paying full registration - \$0.00 ☐ Mailing in payment. - \$0.00 ☐ Pay at the event - \$0.00

Paying Today**Balance Remaining**

\$0.00