



Greater Rose Area
Community of Emmaus



www.graceemmaus.com Walk Fee: \$165

To be completed by pilgrim/applicant: (please PRINT all information CLEARLY)

Name: _____ Name for Name Tag: _____

Clergy: Yes ___ No ___ Male: ___ Female: ___ H/C Phone: (____) _____ Email: _____

Address: _____ City, State: _____ Zip: _____

DOB: _____ Marital Status: Single: ___ Married: ___ Separated: ___ Divorced: ___ Widowed: ___

Are you on a special diet or medication? _____ If so, please specify diet needs/list medications: _____

Do you have a health or physical limitation that may affect your attendance? _____ Please specify: _____

Name and City of church you are attending: _____ Denomination: _____

Pastor's name and signature: _____

Emergency Contact #1: _____ Phone: (____) _____

Emergency Contact #2: _____ Phone: (____) _____

Has the Walk been explained to you? _____ Pilgrim/Applicant

If married, was it explained to your spouse? _____ Signature: _____

To be completed by sponsor: (please PRINT all information CLEARLY)

Name: _____

Address: _____

City, State: _____ Zip: _____

Home Phone: (____) _____

Cell Phone: (____) _____

Email: _____

Community/Date and of your Walk: _____

_____ Walk Number: _____

PLEASE REVIEW APPLICATION and make any necessary corrections on information not printed CLEARLY and verify all signatures are included. Please ensure that a \$50.00 non-refundable deposit toward the \$165.00 fee, payable to G.R.A.C.E. Community, accompanies the application. The balance is due at Walk registration. Sponsor instructions and confirmation of pilgrim acceptance will be sent 4-6 weeks prior to the dates of the Walk.

Sponsor Signature: _____

Date: _____

Registrar's Use below

Date Received: _____ Check #: _____

Amount Paid: _____ Balance Due: _____

Acknowledgement Sent: _____

Incomplete forms will be returned.

Mail to: G.R.A.C.E. Registrar
10226 Aaron Ave.
Eustace, TX 7512

Or: Sign, Scan and Email to:
registrar@graceemmaus.com