



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 75124

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