



Greater Rose Area Community of Emmaus



www.graceemmaus.com Walk Fee: \$195

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

Applicant Name: _____ Name for Name Tag: _____

Clergy: Yes ___ No ___ Male: ___ Female: ___ 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 (attach separate page if needed): _____

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 and Date of your Walk: _____

Walk Number: _____

PLEASE REVIEW APPLICATION and make any necessary corrections. Print CLEARLY and verify all signatures are present. Include a \$75.00 non-refundable deposit toward the \$195.00 fee, payable to "G.R.A.C.E. Emmaus Community". Sponsor instructions and confirmation of pilgrim acceptance will be sent when the application and payment are received and processed.

Sponsor Signature: _____

Date: _____

Registrar's Use below

Date Received: _____ Check #: _____

Amount Paid: _____ Balance Due: _____

Acknowledgement Sent: _____

Incomplete Applications will be Returned

Mail to: G.R.A.C.E. Registrar 330 River Oaks Canton, TX 75103