



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
P. O. Box 1814
Lindale, Tx 75771