



Registration Request

Richmond Area Emmaus Community

Please complete this as accurately as possible so that we may best serve you on your Walk to Emmaus. Please print and fill in all blanks completely.

Name _____ Age _____ Name on Name tag _____

Address _____ City _____ State _____ Zip _____

Home Phone (____) _____ Cell (____) _____

E-mail _____

May we use your e-mail for further contact (walk information and other Emmaus events)? Yes ___ No ___

Employer _____ Phone (____) _____ Occupation _____

Name of Church _____ Pastor's Name _____

Church Address: _____ City _____ State _____ Zip _____

In what religious or community organizations are you active? _____

Has the Walk to Emmaus been explained to you? Yes ___ No ___

Are you on a special diet? Yes ___ No ___ If yes, explain _____

Are you on medication that requires specific administration times or storage? Yes ___ No ___

Do you need special sleeping arrangements? Yes ___ No ___

If married, has your spouse already attended or applied for a walk? Yes ___ No ___

If so, when _____ Where _____

Please briefly state why you wish to be involved in a Walk to Emmaus and what you expect from it _____

Participant's Signature _____ Date _____

Please return this registration request to your sponsor with a \$25.00 **non-refundable deposit**. This deposit may be transferred to other Emmaus Communities or future walks, **for the above participant only**. Make checks payable to Richmond Area Emmaus Community (RAEC). You will be notified of your status, dates and location of your walk. Total fee for the entire walk is \$85.00, which includes your deposit.

If you register and pay the deposit 60 days prior to the Walk, you will receive a \$15.00 discount (final price would be \$70.00 including the deposit.)

SPONSOR INFORMATION:

Sponsor's Name _____ Home phone (____) _____

Sponsor's Address _____ Cell phone (____) _____

City _____ State _____ Zip _____

E-mail: _____

(May we use e-mail for further correspondence regarding the walk? Yes _____ No _____)

Will your pilgrim need financial assistance to attend the Walk? Yes _____ No _____

Why do you think your pilgrim would benefit from a Walk to Emmaus?

List any special situations or conditions that the team should know about concerning your pilgrim:

Please make any additional comments you think may be helpful to your pilgrim and/or the team

As a sponsor your responsibilities are to:

- Provide transportation to and from the Walk
- Provide care for the pilgrim's family.
- Attend Sponsor's Hour, Candlelight and Closing.
- Pray for your pilgrim.

Have you personally invited his/her spouse to attend the Walk to Emmaus?

Yes ___ No ___ Not married ___ Already attended ___ Other _____

If spouse is not attending, explain why _____

Sponsoring a pilgrim is both a joy and a responsibility. Remember that the Walk to Emmaus is not structured to solve deep-seated personal problems. It is designed to provide a deeper understanding of what it means to be a disciple of Jesus Christ.

Sponsor's Signature _____ Date _____

Please return this form, with the Pilgrim's completed registration and \$25.00 deposit to:

**Registrar
Richmond Area Emmaus Community
PO Box 51
Richmond, IN 47374**

For Registrar Use Only
Date request received _____
Fee paid _____ Check# _____
Amount Due _____

(Revised 5/2011)