



Walk to
Emmaus
THE UPPER ROOM®

Pilgrim Registration Form

Greater Scioto Valley Emmaus

Please print this form and complete the information below so we can better aid you on your EMMAUS weekend. All information will be kept confidential. Please print NEATLY, do not write in script, and upon completion return this form to your sponsor.

LAST NAME _____ FIRST NAME _____ MI _____

NAME FOR NAME TAG _____

ADDRESS _____ MALE OR FEMALE _____

CITY _____ STATE _____ ZIP _____ +4 _____ PHONE (_____) _____

E-MAIL ADDRESS _____

MARRIED _____ SINGLE _____ DIVORCED _____ WIDOWED _____ SEPARATED _____

AGE _____ SPOUSE'S NAME _____ HAS HE/SHE ATTENDED A WALK TO EMMAUS? _____

IF SO, WHERE? _____ ARE THEY REGISTERED FOR A WALK TO EMMAUS _____

OCCUPATION _____ BUSINESS PHONE (_____) _____

NAME OF FIRM OR EMPLOYER _____

NAME AND DENOMINATION OF YOUR CHURCH _____

PASTOR'S NAME _____

IN WHAT RELIGIOUS ORGANIZATIONS ARE YOU ACTIVE _____

DO YOU HAVE PHYSICAL LIMITATIONS OR HEALTH CONDITIONS THAT MAY AFFECT YOUR FULL PARTICIPATION IN THE EMMAUS WEEKEND? IF SO, SPECIFY _____

ARE YOU ON A SPECIAL DIET? IF SO, SPECIFY _____

ARE YOU ON MEDICATION? IF SO, SPECIFY _____

HAS THE GREATER SCIOTO VALLEY EMMAUS BEEN EXPLAINED TO YOU? _____

HAS THE FOLLOW-UP PROGRAM BEEN EXPLAINED? _____

STATE BRIEFLY WHY YOU WANT TO BE INVOLVED IN A WALK TO EMMAUS _____

CLOSE FRIEND (NOT SPONSOR) _____ FRIEND'S PHONE (_____) _____

SIGNATURE _____ DATE _____

Please enclose a deposit of \$20.00 to be applied to the total fee of \$90.00. The deposit is non-refundable, but may be transferred to another Emmaus community. Make checks payable to Greater Scioto Valley Emmaus. Give this form to your sponsor to complete. Following are the dates of upcoming Greater Scioto Valley Walks to Emmaus. Since there is often a waiting list, it is not possible to guarantee your acceptance to any specific walk. Priority is given on a first come, first served basis.

MEN

Walk #34—September 8-11, 2011

WOMEN

Walk # 46—June 16-19, 2011

Walk # 47—October 13-16, 2011

Sponsor Information Form (Sponsor Please Complete)

SPONSOR NAME _____ ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE (_____) _____

SPONSOR E-MAIL ADDRESS _____

NAME AND DENOMINATION OF YOUR CHURCH _____

WHERE DID YOU TAKE YOUR CURSILLO / WALK TO EMMAUS? _____

WHEN? _____ WALK / CURSILLO NUMBER _____

DO YOU RECEIVE THE NEWSLETTER? _____ ARE YOU IN A REUNION GROUP? _____

HAVE YOU BEEN A SPONSOR BEFORE? _____ HOW LONG HAVE YOU KNOWN THE PILGRIM _____

HOW DO YOU THINK THIS PERSON WOULD BENEFIT FROM THE WALK TO EMMAUS?

ARE YOU PRAYING AND SACRIFICING FOR YOUR PILGRIM? _____ WILL YOU BRING YOUR PILGRIM TO THE EMMAUS SITE? _____ ATTEND SPONSOR HOUR? _____ CANDLELIGHT? _____ CLOSING? _____

HAVE YOU DISCUSSED MONTHLY GATHERINGS WITH THE PILGRIM? _____ HAVE YOU DISCUSSED SHARE/ REUNION GROUPS WITH THE PILGRIM? _____ DO YOU UNDERSTAND THE RESPONSIBILITY OF ASSISTING THE PILGRIM IN FINDING A REUNION / SHARE GROUP? _____

ARE YOU AWARE OF THE IMPORTANCE OF MINIMAL CONTACT WITH THE PILGRIM DURING THE WEEKEND, ESPECIALLY IF THE PRILGRIM IS YOUR SPOUSE? _____

PLEASE MAKE ANY ADDITIONAL COMMENTS YOU BELIEVE MAY BE HELPFUL _____

PLEASE RETURN TO: WOMEN'S REGISTRAR or MEN'S REGISTRAR

Greater Scioto Valley Emmaus
c/o Trinity United Methodist Church
24 S. Mulberry St.
Chillicothe, OH 45601

FOR OFFICE USE ONLY

Date Received _____ Pilgrim Scheduled for _____

Pilgrim Notified _____ Sponsor Notified _____

Pilgrim Attended Walk # _____ Date _____

Pilgrim joined reunion/share group _____