

# Billings Walk to Emmaus Application

## Men's Walk (January 13-16, 2022) Women's Walk (January 20-23, 2022)

Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Name you prefer on your name tag \_\_\_\_\_ Clergy: Yes /No Gender: M/ F

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home \_\_\_\_\_ Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Email \_\_\_\_\_ Occupation \_\_\_\_\_

Marital Status: M, S, D, W, Sep'd Birth Date: \_\_\_\_\_ Age \_\_\_\_\_

If married, Spouse's name \_\_\_\_\_

Has Spouse attend the Walk to Emmaus? Yes/ No \_\_\_\_\_ Number of Children \_\_\_\_\_

Name and address of Church now attending \_\_\_\_\_

Pastor \_\_\_\_\_ Mailing Address: \_\_\_\_\_

How are you involved at Church? \_\_\_\_\_

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Do you require any physical assistance: Yes/No If Yes, Please specify \_\_\_\_\_

**Please note the facility for the Weekends is not handicap accessible. If you need other types of accommodations, (ie. vision, hearing, medical or other) please contact registration at registrar@billingsemmaus.com**

Please specify medical accommodations required by your Doctor or DIETARY NEEDS: \_\_\_\_\_

Do you take any medications during the day other than "at bedtime" or "upon arising?" Yes/ No

**Prescribed medications must NOT be shared no matter the circumstances. Sharing medications is against the law and is unhealthy.**

### Emergency Contact (Other than Sponsor or Spouse)

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Primary Physician's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Hospital Preference \_\_\_\_\_

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I understand that in order to attend a Walk to Emmaus Weekend, I must have a sponsor who has previously attended a Walk or a Cursillo. I have a sponsor. Yes/No

**If you do not have a sponsor, please send the application and we will contact you to help.**

Sponsor Name: \_\_\_\_\_

Phone No. \_\_\_\_\_ Email Address: \_\_\_\_\_

Has your sponsor explained the Walk to Emmaus to you (and your spouse)? Yes/No

May we print your name in Walk to Emmaus Participant lists? Yes/No

**This list is not sold nor given away.**

Your signature \_\_\_\_\_ Date \_\_\_\_\_

**Please give your completed application and a non-refundable pre-registration deposit of \$25.00 payable to Walk to Emmaus to your Sponsor for submission.**