

Billings Walk to Emmaus Pilgrim Application

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 _____ Work Phone _____

Email _____ Occupation _____

Marital Status: M, S, D, W, Sep Birthdate _____ Age _____

If married, spouse's name _____

Has spouse attended the Walk to Emmaus? _____ Will spouse be attending the Walk to Emmaus? _____

Number of children _____

Name and address of Church now attending: _____

Pastor _____ Pastor's 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 Walk to Emmaus weekends is not handicap accessible. If you need other types of accommodations (i.e., vision, hearing, medical or other) please contact registrar@billingsemmaus.com

Please specify medical accommodations required by your doctor or any DIETARY NEEDS _____

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

EMERGENCY CONTACT (other than sponsor or spouse)

Name _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Phone _____

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

Sponsor Name _____ Phone Number _____

Address _____

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

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 or given away)**

Your signature _____ Date _____

Please give this completed application and a non-refundable pre-registration deposit of \$25 (payable to Walk to Emmaus) to your sponsor for submission.