

REYNOLDSBURG EMMAUS COMMUNITY REGISTRATION FORM

PLEASEPRINT (All information is for appropriate placement and will be kept confidential.)

Name	Phone (_)		
Address			
			Zip
E Mail Address (places print legibly)			-
Marital Status: (Optional) SingleMarried	Separated_	Divorce	d Widowed Name of Spouse nded an Emmaus Walk? _ Number
of ChildrenYour Age	Sex: Male		Female
Name of employer		/	
Home(orPrimary)Phone()	Ce	ell(or secor	ndary)Phone()
Do you have texting capability?Occ	upation	-	
Are you a vegetarian?Are you allerg	ic to any food	s?_lf so, s	pecify
Are you a vegetarian? Are you allerg Do you have a health problem or physical l			t your attendance at Emmaus?
If so, specify Person to contact in case of emergency			Phone ()
Name and denomination of church attended			i Hone (
Pastor's name			
Pastor's name	2		
	· =		
Has the Emmaus Program been explained to	o vou?		
Has the follow-up program been explained to	o you?		
Briefly, why do you wish to attend the Em			
			· · · · · · · · · · · · · · · · · · ·
Sponsor's name (person recommending Emma	us)		
Sponsor's address			
City, State, Zip			
Sponsor's phone number ()			
SIGNATURE		_	
DATE			

PLEASE ATTACH deposit of \$20.00. This *non-refundable* deposit will be applied toward the contribution of \$125.00 which partially offsets the expense of the Emmaus weekend. Make check payable to: **REYNOLDSBURG EMMAUS COMMUNITY** and **return with this form to your sponsor.** Registrations are filed chronologically by date of receipt. You will be called to attend a Walk by order of your registration's date of receipt.

Upcoming Walk dates are listed below for your reference only.

MW #94 March 7-10, 2024MW #95 October 3-6, 2024WW #120 April 18-21, 2024WW#121 July 18-21, 2024WW#122 November 7-10, 2023