

REYNOLDSBURG EMMAUS COMMUNITY REGISTRATION FORM

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

Name	Phone (_)				
Address	<u> </u>				
City	StateZip				
E-Mail Address (please print legibly)					
Marital Status: (Optional) SingleMarried	SeparatedDivorced Widowed Name of Spouse Has spouse attended an Emmaus Walk? _ Number				
of ChildrenYour Age	Sex: Male Female				
Name of employer	- , 				
Home(orPrimary)Phone()	Cell(or secondary)Phone()_				
Do you have texting capability? Occ	supation				
Are you a vegetarian?Are you allerg	ic to any foods?_lf so, specify				
Do you have a health problem or physical h	handicap that may affect your attendance at Emmaus?				
If so, specify	Phone ()				
Daetor's name					
In what religious organizations are you active	9?				
Has the Emmaus Program been explained to	o you?				
Has the follow-up program been explained to					
Briefly, why do you wish to attend the Em	nmaus weekend and what do you expect from it?				
	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 $\underline{\textbf{onlv}}$.

MW# 96 March 6-9, 2025 MW# 97 October 2-5, 2025 WW# 125 April 24-27, 2025 WW# 126 July 17-20, 2025 WW# 127 November 6-9, 2025