

REYNOLDSBURG EMMAUS COMMUNITY REGISTRATION FORM

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

Name	Phone (_)				
Address			, ,		
City	Sta	ate	Zip		
F-Mail Address (nlease nrint legibly)					
Marital Status: (Optional) SingleMarried_	_Separated_	Divorced	d Widowed Name of Spouse		
	Has s	pouse atte	nded an Emmaus Walk? _ Number		
of ChildrenYour Age	Sex: Male		Female		
Name of employer					
Home(orPrimary)Phone()	Ce	ll(or secon	dary)Phone()		
Do you have texting capability?Occu	ıpation				
Are you a vegetarian?Are you allergic Do you have a health problem or physical have	to any foods	s?_lf so, s _l	pecify		
Do you have a health problem or physical ha	andicap that r	may affec	t your attendance at Emmaus?		
If so, specify					
Person to contact in case of emergency			Phone ()		
Name and denomination of church attended .					
Pastor's name					
Pastor's name	·				
Has the Emmaus Program been explained to	-				
Has the follow-up program been explained to	•				
Briefly, why do you wish to attend the Emr	naus weeken	d and wh	at do you expect from it?		
Sponsor's name (person recommending Emmaus	<u>c)</u>				
Sponsor's address					
City, State, ZipSponsor's phone number ()					
oponsor's priorie 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# 98 March 5-8, 2026 MW# 99 October 1-4, 2026 WW# 126 April 23-26, 2026 WW# 127 July 23-26, 2026 WW# 128 November 5-8, 2026