

Wilmington Area Emmaus Registration

Mail To: Wilmington Area Emmaus
P.O. Box 191 Wilmington, Ohio 45177
Please mark attention: Men's or Women's Registrar

Name: _____
Address: _____ Phone: _____
City: _____ State: ____ Zip: _____

Married: ____ Single: ____ Divorced: ____ Widowed: ____ Separated: ____
Spouse' Name _____
My Spouse attended Emmaus Walk # ____ at _____

Your Present occupation _____ Your age _____ # of children _____
Company name _____ Business Phone: () _____

Name of a close, personal friend _____
Address : _____ Phone: () _____

Do you have a health problem or disability that may affect your attendance at an Emmaus Walk? ____
If yes, please specify:

Are you on medications or a special diet? ____ If yes, specify:

Name and denomination of the church you are now attending: _____
Address of Church: _____
Minister's Name: _____

In what church/religious organizations are you active?

Has Emmaus been explained to you ? _____
State briefly why you wish to attend an Emmaus weekend and what you expect from the experience:

There may be a waiting list for an Emmaus weekend. If there were a last minute cancellation, would you be able to come for an Emmaus weekend with short notice? ____ Yes ____ No

Signature: _____

SPONSORSHIP INFORMATION

Sponsor's Name: _____
Sponsor's Address: _____
Phone: () _____
Sponsor's City: _____ **State:** ____ **Zip:** _____
Community and Number of your Walk or Flight:

Sponsor's Signature: _____

All the above information is confidential and is necessary for your proper placement on an Emmaus Weekend.

Please enclose a pre-registration deposit of \$25.00. This will be applied toward your contribution of \$75.00 which partially offsets the expense of the three days. This deposit is not refundable. Make the checks payable to Wilmington Area Emmaus Community.