

## MEMPHIS WALK TO EMMAUS APPLICATION

### APPLICANT INFORMATION

---- Incomplete applications cannot be processed Fields with \* are required ----

\*First Name \_\_\_\_\_ \*Last Name \_\_\_\_\_ Name Tag \_\_\_\_\_  
 \*Address \_\_\_\_\_ \*City \_\_\_\_\_ \*State \_\_\_\_\_ \*Zip \_\_\_\_\_  
 \*Primary Phone # \_\_\_\_\_ Secondary Phone # \_\_\_\_\_  
 Sex \_\_\_ Age \_\_\_ \*Birthdate \_\_\_\_\_ (mm/dd/yy) Email \_\_\_\_\_  
 Your Church \_\_\_\_\_ Pastor \_\_\_\_\_ Member \_\_\_ Visiting \_\_\_  
 Marital Status  Married  Single  Other Spouse First \_\_\_\_\_ Spouse Last \_\_\_\_\_  
 Spouse applying to adjacent walk? \_\_\_ Spouse attended previous walk \_\_\_  
 Occupation \_\_\_\_\_ Clergy  No  Yes

### Emergency Contact Information

List family members or friends, other than your spouse, who may be contacted in case of a medical emergency.

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Address City State \_\_\_\_\_

Has your sponsor explained what will happen over the weekend and answered any questions you have

### MEMPHIS WALKS TO EMMAUS ( Select One )

February Men's  Women's  October Men's  Women's

### MEDICAL INFORMATION / SPECIAL NEEDS

Disclaimer: Every effort will be made to accommodate special needs of the pilgrims, provided we are aware prior to the walk. Otherwise, we cannot guarantee they will be met once at Country Place. Also, be aware that communion will be served during the walk. Pilgrims who have special needs - for communion (e.g. gluten-free bread ) please NOTE on this application in the appropriate box. Please list any special needs or concerns, such as: medical, allergies, medications taken, medical problems, dietary needs.

Medical Needs	Dietary Needs
<input type="checkbox"/> Allergies Specify: _____	<input type="checkbox"/> Diabetic diet (Sugar-Free)
<input type="checkbox"/> CPAP Machine for sleep apnea	<input type="checkbox"/> Gluten-Free
<input type="checkbox"/> Other Medical problems/needs Specify: _____	<input type="checkbox"/> Other Specify: _____
<input type="checkbox"/> Medications Taken and Times Specify: _____	<input type="checkbox"/> Food Allergies Specify: _____
Specify ANY OTHER NEEDS: _____	

### SPONSOR INFORMATION

\*Primary Sponsor's First Name \_\_\_\_\_ \*Last Name \_\_\_\_\_ Signature \_\_\_\_\_  
 \*Primary Sponsor Best Phone \_\_\_\_\_  
 \*Primary Sponsor Current Email \_\_\_\_\_

### COMPLETED APPLICATION

Registration Fee     \$200.00  
 Initial Deposit         50.00  
 Balance Due at SendOff     150.00  
Please pay balance before walk date.

Mail Deposit or complete registration fee by check to:  
Please indicate deposit for Walk # on your check  
 Memphis Emmaus Registration  
 P.O. Box 240414  
 Memphis, TN 38124                      or pay with PayPal Online