

GRACE EMMAUS of SILICON VALLEY



Walk to
Emmaus
THE UPPER ROOM

® For the Development
of Christian Leaders

TO BE FILLED OUT BY THE APPLICANT:

NAME: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: () _____ EMERGENCY PHONE: () _____

EMAIL: _____ Your age: _____

Name you want on your name tag: _____

Marital Status (circle one): M S D W SEP Number of Children: _____

Are you on a special diet? _____ Describe _____

Special diets are medically prescribed/ allergies / vegetarian / etc.

Do you take special medications? _____

Do you have health needs or a physical handicap that may affect your attendance at a Walk to Emmaus? _____ If yes, please specify: _____

Education or training: _____

What is your present occupation? _____

****NAME AND PHONE NUMBER OF NEAREST RELATIVE NOT LIVING WITH YOU:**

()

NAME

PHONE NUMBER

Name and denomination of church you attend: _____

Pastor's Name: _____

In what church activities are you active? _____

Has the "Walk to Emmaus" been explained to you? _____

Have the activities of the Emmaus Community been explained to you? _____

State briefly why you wish to be involved in the Emmaus Community and what you expect from it:

I release Grace Emmaus of Silicon Valley and its volunteers, agents and Board of Directors and the host church from any and all liability for and waive any and all claims for injury, loss or damage in any way connected with my participation in Grace Emmaus Of Silicon Valley activities or programs.

SIGNATURE: _____ DATE: _____

Please fill in all the blanks. Return to your sponsor



TO BE FILLED OUT BY THE SPONSOR:

NAME: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: () _____ WORK: () _____ CELL: () _____

EMAIL: _____

Do you receive the newsletter? _____ Are you in a reunion group? _____

Name and denomination of the church you attend: _____

Do you attend regularly? _____ Where did you make your Walk/Cursillo? _____ When? _____

How many Pilgrims have you sponsored in the past? _____

How long have you known this Pilgrim? _____ Are you praying and sacrificing for your Pilgrim? _____

Why do you want to sponsor this person? _____

Is this person under any temporary emotional strain or have a physical condition that might indicate his/her weekend should be postponed? _____

Are you able and willing to assist the Pilgrim to get into an Emmaus Reunion Group? _____

If the Pilgrim is married, have you discussed the Walk to Emmaus with his/her spouse and are in the process of sponsoring him/her also? _____ If not, why? _____

Date of the Walk for which you wish to register your Pilgrim? _____

Signature of Sponsor(s): _____ Date: _____

_____ Date: _____

SPONSOR:

Print this page, completely fill it in, obtain signatures, and mail with the registration fee. \$25 per Pilgrim if received by early registration date or \$35 if received later.

Make *checks payable* to **Grace Emmaus of Silicon Valley**. Electronic registration can be used for temporarily holding a place, but the signatures & check must still be sent.

Registration is complete only after this form (completely filled-in) and check are mailed and received. The Grace Emmaus of Silicon Valley website is: [http:// www.gracewte.org](http://www.gracewte.org)

Please email or print/mail this document to:
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