

Northwest Ohio Emmaus Community

Registration Form

Revised April 19, 2021

Candidate: Please PRINT and fill in ALL the BLANKS. Thank you.

INFORMATION IS FOR PLACEMENT ONLY AND WILL BE HELD IN STRICT CONFIDENCE.

After the weekend, your name, address, phone #, email address will be added to the community database.

Name: _____ Sex: M__ / F__ Name for Nametag: _____

Home Phone: ____ - ____ - ____ Cell Phone: ____ - ____ - ____

Address: _____ City/State/Zip _____

Employer: _____ Age: _____ Marital Status: _____ Spouse's Name: _____

If married, has your spouse attended an Emmaus Walk? Y / N Is your spouse currently registered to go on a Walk? Y / N

Special Diet? _____

Do you have a health problem or physical handicap that may affect your participation in a Walk to Emmaus? Y / N

If Yes, please explain: _____

Have you ever been on a three-day discipleship event (Great Banquet, Tres Dios, Koinonea, Chrysalis)? _____

Are you taking any medications we should be aware of for the 3 day weekend event? _____

Do you attend a church? _____ Name of church and pastor: _____

Name of a close friend (other than spouse or sponsor): _____

Address/City/State/Zip/Phone: _____

Has the Walk been explained to you? Y / N Do you need more information? Y / N

State briefly why you wish to attend an Emmaus Weekend and what are your expectations: _____

Candidate Signature: _____ Email Address: _____

>>> PLEASE GIVE THIS REGISTRATION FORM TO YOUR SPONSOR WHEN COMPLETED<<<

Sponsor will be contacted when space becomes available.

Table with 2 columns: Sponsor Contacts (Date, Notes) and Registrar use only. Includes rows for registration received.