Servant Heart Emmaus Community

P.O. Box 807, Mobile, AL 36601
Becky Comer, Registrar (contactshew@gmail.com)

For Registrar Use Only					
Amount Paid:					
Check #					

TO BE COMPLETED BY APPLICANT

						CHECK #		
☐ Mr. ☐ Ms. ☐ Rev. First Name:				Last Name:				
Name on Nametag:			☐ Male	Male		Birth Date:		
Address:								
City:		State:	State:		Zip code:			
Email:			Employer:					
Home Phone:		Work Phone:	Cell			l Phone:		
Church: Pastor:								
Emergency Contact:				Relationship:				
Emergency Day Phone:	ergency Day Phone: Emergency Night Ph				hon	one:		
Please describe any special diet:								
Please describe any health or physical limitations:								
Briefly state why you decided to apply for a Walk to Emmaus:								
PLEASE READ CAREFULLY Please enclose a registration deposit of \$50.00. This will be applied toward your \$185.00 walk fee (the remaining amount will be paid at registration). Please make checks payable to "Servant Heart Emmaus Community." DEPOSIT IS NOT REFUNDABLE. When you are invited to attend an upcoming Walk to Emmaus, you should plan to remain the entire weekend. If you feel that you cannot make the commitment to remain the entire weekend, you should reschedule for another Walk. You MUST have a sponsor before this application can be accepted.								
Have these been explained to you? ☐ Walk Weekend ☐ Follow-up ☐ Reunion Groups								
Signature:			Date:					
TO BE COMPLETED BY SPONSOR								
Name:				Phone Number:				
Email:			☐ I need to update my information in the database					
l am familiar	☐ I am familiar with my sponsor responsibilities ☐ I will fulfill my responsibilities as a sponsor							
Please state your reasons for nominating the applicant and any other comments on the back of this application.								
Signature:					Dat	te:		