



WALK TO
EMMAUS
THE UPPER ROOM®

PRINT
SUBMIT

updated 6/30/2016

WALK TO EMMAUS PILGRIM APPLICATION - CHURCH FORM

- ALL INFORMATION IS REQUIRED. PILGRIM'S FIRST NAME, LAST NAME, AND BIRTH DATE MUST MATCH ON ALL FORMS.
- PLEASE DOWNLOAD, OPEN WITH ADOBE ACROBAT (FREE READER), COMPLETE ON YOUR COMPUTER WHILE CONNECTED TO THE INTERNET, PRESS PRINT, REMOVE ANY CREDIT CARD INFORMATION, PRESS SUBMIT, THEN MAIL.
- ALL 3 FORMS WITH SIGNATURES AND PAYMENT ARE REQUIRED BEFORE THE APPLICATION CAN BE PROCESSED.

Pilgrim First Name: _____ Last Name: _____ Birth Date (mm/dd/yyyy): _____

Pastor Title: _____ First Name: _____ Last Name: _____

Church Address: _____ City: _____ State: ____ Zip+4: _____

Church Office Phone: _____

Have you attended Emmaus, Chrysalis, Cursillo, or any other recognized 3-day experience: _____

Pastor's Signature: _____ **Date (mm/dd/yyyy):** _____

I am making a payment in the amount of _____ by None Check payable to GAEC Credit Card

Mail this completed form and fee to: GAEC Treasurer, 4006 Mayfield Cave Trail, Round Rock, Texas, 78681-1105



----- PLEASE REMOVE CREDIT CARD NUMBER, EXPIRATION DATE, AND CVV CODE AFTER PRINTING AND BEFORE SUBMITTING THIS FORM -----

Credit Card Number: _____ Expiration Date (mm/yy): _____ CVV: _____

Name on Credit Card: _____

Billing Address: _____ City: _____ State: ____ Zip+4: _____