



WALK TO  
EMMAUS  
THE UPPER ROOM®

PRINT  
SUBMIT

updated 01/11/2018

**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 PRINT, SIGN AND MAIL TO THE ADDRESS BELOW, PLEASE DO NOT PRESS THE SUBMIT BUTTON.
- 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: \_\_\_\_\_

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 along with all other forms and fee to:

GAEC Registrar, 16712 Rocky Ridge Road, Austin, Texas, 78734



----- 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: \_\_\_\_\_