



WALK TO EMMAUS THE UPPER ROOM®

PRINT SUBMIT

updated 01/11/2018

WALK TO EMMAUS PILGRIM APPLICATION - PILGRIM FORM

- ALL INFORMATION IS REQUIRED. PILGRIM'S FIRST NAME, LAST NAME, AND BIRTH DATE MUST MATCH ON ALL FORMS.
• GO TO http://www.austinemmaus.org THEN DOWNLOADS TO DOWNLOAD ALL INSTRUCTIONS, APPLICATIONS, AND 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.
• IF YOU HAVE NOT RECEIVED NOTIFICATION OF RECEIPT, PLEASE CONTACT THE GREATER AUSTIN EMMAUS COMMUNITY (GAEC) REGISTRAR AT Registrar@austinemmaus.org.

*** See current schedule for dates and registration fees ***

REGISTRATION FEE MUST BE SUBMITTED WITH THIS FORM. OTHERWISE, THE PILGRIM WILL ONLY BE REGISTERED AS "WAIT LISTED" UNTIL THE FEE HAS BEEN PAID IN FULL. PLEASE CHECK WITH THE GAEC OR YOUR LOCAL 4TH DAY GROUP FOR SCHOLARSHIP ASSISTANCE AND INFORMATION.

Walk #: _____ Walk Date (mm/dd/yyyy): _____ Cost: _____ Location: _____

** If you are put on the wait list, can you attend on short notice? [] No [] 1 Week [] 3-4 Days [] Less than 3 days **

First Name: _____ Last Name: _____ Name Tag Name: _____

Gender: [] Male [] Female Marital Status: _____ # Children: _____ Do you smoke? [] Yes [] No

Birth Date (mm/dd/yyyy): _____ E-Mail: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____
(none if the same as Cell Phone) (none if the same as Home or Cell Phone)

Church Name & Address presently attending: _____

Ordained Clergy? [] Yes [] No Occupation: _____

Has the Walk been fully explained to you? [] Yes [] No Has the Welcome Back been explained? [] Yes [] No

Name of local Emmaus Community or 4th Day Group for Post-Walk Gatherings that you will be attending (check with your Sponsor if unclear what the name is): _____

Do you have any special dietary needs? [] Yes [] No explain: _____

Do you have any special health problems or physical needs? [] Yes [] No explain: _____

REGISTRATION CANCELLATION/CHANGE/REFUND POLICY:

All changes in Walk Registration must be submitted to the GAEC by e-mail or mail. Registration fees can be transferred in full to another GAEC-sponsored Walk upon notification to the GAEC before Thursday at 6 pm of the start of the original Walk. Full refunds minus a \$25 processing fee may be issued to the original payer(s).

Pilgrim'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 Registrar, 16712 Rocky Ridge Road, Austin, TX 78734

When form is completed, please print and sign and mail to the address above along with all other forms.

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

Name on Credit Card: _____

Billing Address: _____ City: _____ State: _____ Zip _____