



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
- 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
139 Estrella Crossing, #101
Georgetown, TX 78628



----- 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: _____