

G.R.A.C.E. Community Emmaus Walk Application

(Please Print)

N a m e	Last												
	First												
	Middle												
	Name Tag												
P e r s o n a l	Gender	M	/	F	circle								
	Birthdate		/		/		mm/dd/yyyy						
	Email Address												
	Spouse's Name												
	Are You Clergy?	Y	/	N	circle								
	Cell Phone	()	-								
	Work Phone	()	-								
C h u r c h	Name												
	City												
	Denomination												
	Pastor's Name												
	Pastor's Signature											See Below	
H o m e	Street												
	City												
	State		Zip		-								
	Home Phone	()	-			Circle Preference	Cell	Home			
	Fax	()	-								
	C o n t a c t	Sponsor Name											
Sponsor Phone		()	-								
Emergency Contact Name													
Emergency Contact Phone 1		()	-								
Emergency Contact Phone 2		()	-								
Dietary Needs													
Medications													
Health Concerns													
Walk Preference	Spring	Fall	Either	circle	Amount of Deposit Enclosed								
Signature									Date				

For the Pastor: Your signature implies this candidate is an active participant in their home church
All Gray Cells Are Required Fields