

LIVING WATERS COMMUNITY WALK TO EMMAUS
PILGRIM'S APPLICATION

TO BE COMPLETED BY APPLICANT

Name: _____

Name Desired On Name Tag: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: _____ Work Telephone: _____ Email Address: _____

Church: Pastor: _____

Age: Occupation/Employer: _____

Religious/Community Organizations In Which You Participate: _____

Spouse Name: _____ Has Spouse Attended A Walk? _____

If Yes, Please List Walk Number And Location: _____

Emergency Contact Name and Number: _____

Do you have special needs which may affect your walk (i.e. special diet, health or physical problems?) _____
If yes, please explain on the back of this application. This will help us meet your special needs during the weekend.

Have you had a traumatic event occur in your life within the last 9 months (such as divorce, job loss, or death of a loved one?)

No: _____ Yes: _____

Briefly state why you have decided to participate in the Walk to Emmaus: _____

NOTE TO APPLICANT

Please return your signed application with a deposit of \$ 50.00 (or the entire \$ 100.00) to your sponsor for processing. If you do not have a sponsor, please mail the application and deposit to the address listed at the bottom of the form. The deposit will be applied to the \$100.00 fee, which partially offsets your expenses for the weekend. The remaining \$ 50.00 is due at registration on the Thursday evening of your walk. Make checks payable to the Living Waters Emmaus Community of Alabama, Inc.

The Living Waters Emmaus Community of Alabama, Inc. has been unable to obtain short-term health and accidents insurance for the Walk to Emmaus. The cost for treatment of injuries and/or hospitalization for illness or injuries incurred during a Walk will be the responsibility of the Pilgrim or the person attending the Walk. Any insurance carried by these persons may be used to defray such medical and hospital costs. By my signature below, I hereby authorize the Board of Directors of the Living Waters Emmaus Community of Alabama, Inc., or their appointees, to act for me according to their best judgment in any emergency requiring medical attention, and I hereby waive and release the Living Waters Emmaus Community of Alabama, Inc. from any and all liabilities resulting from injuries or illnesses while at the Rolling Hills Conference Center, or while participating in any activities involving the Living Waters Emmaus Community of Alabama, Inc.

Applicant's Signature: _____ Date: _____

MAIL TO: Living Waters Walk to Emmaus
Attention Registrar
P.O. Box 361851
Birmingham, AL 35236

**LIVING WATERS COMMUNITY WALK TO EMMAUS
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APPLICANT: Use this space for listing details from the front of this form.

TO BE COMPLETED BY SPONSOR

Sponsor's Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: _____ Work Telephone: _____ Email: _____

Church: Pastor: _____

Walk Number, Date and Location: _____

Reunion Group: _____

Briefly State Why You Recommend This Pilgrim For The Walk To Emmaus: _____

Pilgrim's Choice of Walk Number : _____ Date 1st Choice: _____ Date 2nd Choice: _____

Sponsor's Signature: _____ Date: _____

FOR OFFICIAL USE ONLY

Date Received: _____ Deposit Received: _____ Assigned Walk Number: _____

LIVING WATER EMMAUS COMMUNITY WALK DATES

#84	May 15-18, 2008 Women	#87	Feb 19-22, 2009 Men
#85	October 2-5, 2008 Men	#88	April 23-26, 2009 Women
#86	November 13-16, 2008 Women	#89	September 10-13, 2009 Men
		#90	November 12-15, 2009 Women

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