

LIVING WATERS WALK TO EMMAUS PILGRIM APPLICATION

TO BE COMPLETED BY APPLICANT

Name: _____

Name Desired on Name Tag: _____ Do you Smoke? Yes ___ No ___

Home Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: _____ Work/Cellular Telephone: _____ Email: _____

Church: _____ Pastor: _____

Age: _____ Occupation: _____ Employer: _____

Religious/Community Organization in which you participate: _____

Spouse's Name: _____ Has Spouse attended any walks? Yes ___ No ___

If Yes, Please list walk number and community: Walk Number: _____ Community: _____

Emergency Contact Name: _____ **Number:** _____

Do you have a SPECIAL DIET that we need to know about? Yes ___ No ___ If Yes, briefly explain below.

Do you have any PHYSICAL PROBLEMS that we need to know about? Do you require a walker or wheelchair? Yes ___ No ___

If Yes, briefly explain. _____

Do you have any ALLERGIES that we need to know about? (Foods, smoke, detergents, etc)? Yes ___ No ___

If Yes, briefly explain. _____

Have you had a TRAUMATIC EVENT occur within the last 9 months? (Such as divorce, job loss, or death of a loved one)

Yes ___ No ___ If yes, briefly explain. _____

Briefly explain 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 Camp Boothe Ministry Center Inc., or while participating in any activities involving the Living Waters Emmaus Community of Alabama, Inc.

Applicant's Signature: _____ **Date:** _____

Received: _____ **Paid:** _____ **Letter Mailed:** _____ **Confirmed:** _____

LIVING WATERS WALK TO EMMAUS PILGRIM APPLICATION
TO BE COMPLETED BY SPONSOR

Sponsor's Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: _____ Work Telephone: _____ Email: _____

Church: _____ Pastor: _____

Walk Number: _____ Community: _____ Date: _____

Reunion Group: _____

Briefly State Why You Recommend This Pilgrim for the Walk to Emmaus: _____

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

Sponsor's Signature: _____ **Date:** _____

FOR OFFICIAL USE ONLY

Date Received: ___/___/___ **Amount Paid:** _____ **Letter Mailed:** ___/___/___

Confirmed: ___/___/___ **Assigned Walk #** _____

Women's Walk #95 – April 7-10, 2011
Men's Walk #96 – September 8-11, 2011
Women's Walk #97 – November 10-13, 2011

MAIL TO:

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