

Missouri East Walk to Emmaus

P.O. Box 1944 St. Peters, MO 63376 moeregistrar@gmail.com

Information to be comple	ted by applicant (pilgrim). Please print.
Name:	Name for Badge:
Address:	Phone:
City/State:	Zip:
Email:	Age: M F
Marital Status:	Spouse first name:
Occupation:	Employer:
Education Level:	Church Affiliation:
Church address:	
Pastor:	Community Affiliations:
Has your sponsor explained	the Walk to Emmaus? Yes No the follow-up programs of Walk to Emmaus? ons of the Walk to Emmaus:
Please list any dietary restric	ctions:
Please list any health or mol	oility concerns:
Please list any other concern	ns about attending a Walk to Emmaus:
A walk is usually offered in t	he Spring and again in the Fall. Preference: Spring Fall
return this completed form to refundable deposit is required Check with your sponsor abou to Emmaus. Once your applica	ove is used to determine proper placement in a Walk to Emmaus. Please your sponsor. The fee for Walk to Emmaus is \$175.00 . A \$60.00 nonwith application submittal, and will be applied to the weekend fee. It your church or community policy on deposits and scholarships for Walk ention has been processed, you will receive a response from the registrar. Doonsor throughout this process.
Signature	