

Missouri East Walk to Emmaus

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

Information to be completed	l 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:		
	Community Affiliations:	
Has your sponsor explained the	e Walk to Emmaus? Yes No e follow-up programs of Walk to Emmaus? of the Walk to Emmaus:	
Please list any dietary restrictio	ns:	
Please list any health or mobilit	y concerns:	
Please list any other concerns a	bout attending a Walk to Emmaus:	
A walk is usually offered in the	Spring and again in the Fall. Preference: Spring Fall	
this completed form to your sponsor is required with application submitta your church or community policy on	used to determine proper placement in a Walk to Emmaus. Please ret The fee for Walk to Emmaus is \$175.00 . A \$60.00 non-refundable de I, and will be applied to the weekend fee. Check with your sponsor ab deposits and scholarships for Walk to Emmaus. Once your application esponse from the registrar. Remain in contact with your sponsor	eposit out
Signature	Date	