## **Northwest Ohio Emmaus Community**

## Registration Form Revised April 19, 2021

Please PRINT and fill in ALL the BLANKS. Thank you. Candidate:

INFORMATION IS FOR PLACEMENT ONLY AND WILL BE HELD IN STRICT CONFIDENCE.

Name: \_\_\_\_\_\_ Sex: M\_\_ / F\_\_ Name for Nametag:\_\_\_\_\_

After the weekend, your name, address, phone #, email address will be added to the community database.

		Cell Phone:	
Address:		City/State/Zip	
Employer:	Age:	Marital Status:	Spouse's Name:
If married, has your spous	e attended an Emi	maus Walk? Y / N Is your sp	oouse currently registered to go on a Walk? Y / N
Special Diet?		-	
Do you have a health prob	lem or physical ha	andicap that may affect your	participation in a Walk to Emmaus? Y/N
If Yes, please explain:			
Have you ever been on a t	hree-day disciples	hip event (Great Banquet, Tr	res Dios, Koinonea, Chrysalis)?
Are you taking any medica	tions we should be	e aware of for the 3 day wee	kend event?
Do you attend or looking f	or a church?	Name of church:	
Name of a close friend (otl	ner than spouse or	r sponsor):	
Address/City/State/Zip/Ph	one:		
Has the Walk been explain	ed to you? Y / N	Do you need more infor	rmation? Y / N
State briefly why you wish	to attend an Emm	naus Weekend and what are	vour expectations:
State briefly why you wish	to attend an Emm	naus Weekend and what are	your expectations:
			your expectations:
Candidate Signature:		Email Address:	
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