



**WALK TO EMMAUS PILGRIM APPLICATION - PILGRIM FORM**

- ALL INFORMATION IS REQUIRED. **PILGRIM'S FIRST NAME, LAST NAME, AND BIRTH DATE MUST MATCH ON ALL FORMS.**
- GO TO <http://www.austinemmaus.org> THEN DOWNLOADS TO DOWNLOAD ALL INSTRUCTIONS, APPLICATIONS, AND FORMS.
- **PLEASE DOWNLOAD, OPEN WITH ADOBE ACROBAT (FREE READER), COMPLETE ON YOUR COMPUTER, PRINT, SIGN AND MAIL TO THE ADDRESS BELOW**
- ALL 3 FORMS WITH SIGNATURES AND PAYMENT ARE REQUIRED BEFORE THE APPLICATION CAN BE PROCESSED.
- IF YOU HAVE NOT RECEIVED NOTIFICATION OF RECEIPT, PLEASE CONTACT THE GREATER AUSTIN EMMAUS COMMUNITY (GAEC) REGISTRAR AT [Registrar@austinemmaus.org](mailto:Registrar@austinemmaus.org).

**\*\*\* See current schedule for dates \*\*\***

**\$240 REGISTRATION FEE MUST BE SUBMITTED WITH THIS FORM. OTHERWISE, THE PILGRIM WILL ONLY BE REGISTERED AS "WAIT LISTED" UNTIL THE FEE HAS BEEN PAID IN FULL. PLEASE CHECK WITH YOUR LOCAL CHURCH AND 4TH DAY GROUP FOR SCHOLARSHIP ASSISTANCE AND INFORMATION.**

Walk #: \_\_\_\_\_ Walk Date (mm/dd/yyyy): \_\_\_\_\_ Cost: \_\_\_\_\_ Location: \_\_\_\_\_

\*\* If you are put on the wait list, can you attend on short notice?  No  1 Week  3-4 Days  Less than 3 days \*\*

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Name Tag Name: \_\_\_\_\_

Gender:  Male  Female Marital Status: \_\_\_\_\_ # Children: \_\_\_\_\_ Do you smoke?  Yes  No

Birth Date (mm/dd/yyyy): \_\_\_\_\_ E-Mail: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
(none if the same as Cell Phone) (none if the same as Home or Cell Phone)

Church Name & Address presently attending: \_\_\_\_\_

Ordained Clergy?  Yes  No Occupation: \_\_\_\_\_

Has the Walk been fully explained to you?  Yes  No Has the Welcome Back been explained?  Yes  No

Name of local Emmaus Community or 4th Day Group for Post-Walk Gatherings that you will be attending (check with your Sponsor if unclear what the name is): \_\_\_\_\_

Do you have any special dietary needs?  Yes  No explain: \_\_\_\_\_

Do you have any special health problems or physical needs?  Yes  No explain: \_\_\_\_\_

**REGISTRATION CANCELLATION/CHANGE/REFUND POLICY:**

All changes in Walk Registration must be submitted to the GAEC by e-mail or mail. Registration fees can be transferred in full to another GAEC-sponsored Walk upon notification to the GAEC before Thursday at 6 pm of the start of the original Walk. Full refunds minus a \$25 processing fee may be issued to the original payer(s).

**Pilgrim's Signature:** \_\_\_\_\_ **Date (mm/dd/yyyy):** \_\_\_\_\_

I am making a payment in the amount of \_\_\_\_\_ by  None  Check payable to GAEC  Credit Card

**Credit card fee is \$7.50 on top of the \$240 for a total cost of \$247.50 for credit card payment. Mail this completed form and fee to: GAEC Registrar, 16712 Rocky Ridge Road, Austin, TX 78734**

**When form is completed, please print and sign and mail to the address above along with all other forms.**

Credit Card Number: \_\_\_\_\_ Expiration Date (mm/yy): \_\_\_\_\_ CVV: \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_