updated 3/5/26

WALK TO EMMAUS PILGRIM APPLICATION - PILGRIM FORM

- ALL INFORMATION IS NEEDED. **PILGRIM'S FIRST NAME, LAST NAME, AND BIRTH DATE SHOULD 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 EMAIL 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.

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

$255 REGISTRATION FEE SHOULD BE SUBMITTED WITH THIS FORM. 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: _____ (none if the same as Cell Phone) Work Phone: _____ (none if the same as Home or Cell Phone) 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? ☐ No ☐ Yes explain: _____

Do you have any special health problems or physical needs? ☐ No ☐ Yes explain: _____

REGISTRATION CANCELLATION/CHANGE/REFUND POLICY:
All changes in Walk Registration must be submitted to the GAEC by e-mail. Registration fees can be transferred in full to another GAEC-sponsored Walk upon notification to the GAEC registrar.

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

I am making a payment in the amount of _____ **by** ☐ **None** ☐ **Check payable to GAEC** ☐ **Credit Card**

When form is completed, please print and sign and email along with all other forms to: Registrar@austinemmaus.org.