

MINNESOTA WALK TO EMMAUS – at Camp Koronis, Paynesville, MN

Check one: Men's Walk October 24-27, 2019 _____ Women's Walk Oct 31–Nov 3, 2019 _____

Full Name: _____ Name tag name: _____

Address: _____ City/State: _____ Zip: _____

Preferred phone # _____ Email: _____

Birth date: _____ Gender: ___ M ___ F Occupation: _____

Marital Status: ___ S ___ M Spouse's Name (if married) _____

Emergency Contact +relationship: _____ Phone# _____

Name of church attending: _____ City/State _____

Pastor's Name _____ Denomination _____

Do you have health issues or physical handicaps which may affect your attendance at the Walk? ___ Y ___ N

Explain (if yes): _____

Do you have special dietary needs? ___ Y ___ N Explain (if yes) _____

Medications: _____ AM/PM?

Has the Walk to Emmaus been explained to you, including Reunion Groups? ___ Y ___ N

What do you expect to gain from the Walk to Emmaus? _____

Sponsor's Name: _____ Preferred phone# _____

_____ I do not have a sponsor; please assign one for me.

Group photo will be taken at Walk, check here if you do not wish to be photographed. _____ We would like to use pictures taken at the Walk for promotion; check here if you do not wish to have your picture used for promotional materials. _____

Your Signature: _____ Date: _____

REGISTRATION INFORMATION:

\$50 non-refundable deposit to be sent with form. Remaining \$150 registration fee will be collected at check in the first day of the Walk.

Make check payable to **Minnesota Walk to Emmaus.**

For more registration information contact: Karen Olson, Registrar
307 Sakatah Blvd N
Waterville MN 56096-1066
507-661-4818
registrar@mneammaus.org

Payment Information *(this information will be kept confidential)*

___ I can pay the full cost of \$200 of the weekend (\$50 deposit, \$150 registration fee)

___ I can pay the full cost of \$200 of the weekend, but will need to make payment arrangements.

___ I can pay the deposit \$50 but will need to contact treasurer for assistance at treas@mneammaus.org