

Minnesota Walk to Emmaus
Conference Room Team Registration

Walk Number _____ Role on this Walk _____

Full Name: _____

Address: _____ City/State: _____ Zip: _____

Preferred phone # _____ Secondary phone # _____

Email: _____ Church _____

Emergency Contact +relationship: _____ Phone# _____

Need a name tag: Y/N _____ Name for name tag _____

Need a cross and lanyard: Y/N _____

Do you have health issues or physical handicaps which may affect your participation at the Walk? Y/N _____

Explain (if yes): _____

Do you have special dietary needs or food allergies? Y/N _____ Explain (if yes)

Thank you for your willingness to serve as a conference room team member on the upcoming Walk weekend. Your participation is vital to the ongoing ministry that we have been called to as members of the Minnesota Walk to Emmaus Community.

The Minnesota Walk to Emmaus Board of Directors has established a policy whereby team members are required to pay the cost of their weekend. **Scholarship funds are only available for pilgrims.**

The following options are available to you (please circle one of the choices):

1. I can pay the full Team Member fee of \$200 plus a love offering of \$ _____
2. I can pay the full Team Member fee of \$200
3. I can pay the full Team Member fee of \$200 in installments of \$ _____ per month.
4. I will need to make arrangements for Team Member fee and will contact Emmaus Treasurer to set up a plan.

It is important for each team member to complete this form and return it with the payment that you can make at this time. Those who manage the finances of the Community will hold in confidence the information disclosed above. Make checks payable to **Minnesota Walk to Emmaus**.

Please return this form along with your payment to:

Karen Olson
307 Sakatah Blvd N
Waterville MN 56096
registrar@mnemmaus.org

Your name (please print) _____

Your Signature _____ Date _____