

**Heart of Florida Walk to Emmaus  
Pilgrim Application**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone: (     ) \_\_\_\_\_ Cell phone (     ) \_\_\_\_\_

E-mail \_\_\_\_\_

Name you wish on nametag? \_\_\_\_\_ Birth Date    /    /    

Marital Status:   M   S   D   W   Sep. (Circle One)    Spouse's Name \_\_\_\_\_

If married, has your spouse attended a Walk to Emmaus? \_\_\_\_\_

Emergency contact person \_\_\_\_\_ Phone (     ) \_\_\_\_\_

Church now attending \_\_\_\_\_ Pastor's Name \_\_\_\_\_

In what religious or community organizations are you active?  
\_\_\_\_\_  
\_\_\_\_\_

Has the Walk to Emmaus been explained to You? \_\_\_\_\_

Are you on a special diet? \_\_\_\_\_ On special medication? \_\_\_\_\_

If yes, explain \_\_\_\_\_

Do you have a health or physical handicap that may effect your attendance?  
\_\_\_\_\_

If yes, explain \_\_\_\_\_

State briefly why you wish to be involved in the Emmaus Community and what you expect from it.  
\_\_\_\_\_  
\_\_\_\_\_

Has the follow-up program of Emmaus groups and gatherings been explained to you?  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of Sponsor \_\_\_\_\_

Please indicate here who will pay the balance of registration fee:  
\_\_\_\_\_

Registration fee is \$150. Please enclose a pre-registration, non-refundable deposit of \$75. The balance of \$75 is due no later than Send-Off on Thursday evening of the weekend. Make checks payable to Heart of Florida Walk to Emmaus.