

Registration for the Greater Columbus Emmaus Community Walk to Emmaus

Registrar: Anita Shawler Phone: 614-348-2428 Email: <u>Niteranita316@gmail.com</u>

Or mail to: 2735 Saint Patrick Road Columbus, OH 43204

Please Print

FIRST NAME:	LAST NAME:		AGE:
DOB:	NICKNAME/NAME TAG PREFERENCE:		Address:
			street
city/state zip			
HOME / PREFERRED PHONE NU	JMBER	(Cell/home/w	ork) OTHER
PHONE:	EMAIL:		
OCCUPATION:			
CHURCH/PASTOR:		REGULARLY ATTEND:	(Y/N)
SPOUSE NAME :	SPOUSE 's WALK	(number and community)	
EMERGENCY CONTACT:		Phone:	
RELATIONSHIP:			
MEDICINE:			
(USE an additional sheet if nee	ded)		
MEDICAL CONDITIONS THAT LI	MIT YOU:		
ANYTHING ELSE WE NEED TO K	NOW ABOUT YOU:		
you vaccinated for COVID			
Please return ti	his form with a check fo	or the \$15 deposit to Anita.	

You will need to bring a check for \$60 to your walk. Thank you!



GREATER COLUMBUS WALK TO EMMAUS

SECTION 2

SPONSOR PLEASE COMPLETE

Name of Pilgrim:	Name of Sponsor:	
Sponsor's Address:		
Sponsor's Contact information:		
(please include: phone number/email and pref		
Sponsor's Walk Information:	(Number and	
community) Are you active in a share group?	(Y/N)	
Have you ever sponsored before?	(Y/N)	
Do you need sponsor training?	(Y/N)	
Is the Pilgrim active in their local church?	(Y/N)	
DO YOU UNDERSTAND HOW IMPORTANT IT IS	TO HAVE MINIMAL CONTACT WITH	
YOUR PILGRIM DURING THE WEEKEND? Yes	NO (CONTACT	
ANITA TO EXPLAIN)		
DO YOU INTEND TO ATTEND SPONSOR'S HO		
weekend? DO YOU INTEND TO HELP IN KITCH		
DO you have any idea when you mig CAN YOU PROVIDE BAKED GOODS FOR SUN during the Walk.	NDAY? (Y/N) may bring anytime	
Please send to registrar (if by email, please ma	ail a \$15 non-refundable check and note Pilgrim	
name on the check). If Pilgrim is taking care of	f deposit, pleases direct them where to send the	
check (address and email on the front of regist	ration).	