



mid-ohio valley WALK TO EMMAUS

providing spiritual retreat for south-eastern Ohio and north-central West Virginia since 1991

Please indicate walk dates:

_____ Men's Walk #52 (April 12-15, 2018)

_____ Women's Walk #52 (April 19-22, 2018)

_____ Men's Walk #53 (Oct. 4-7, 2018)

_____ Women's Walk #53 (Oct. 11-14, 2018)

Walks are held at the Ritchie Co. 4-H Camp near Harrisville, W.Va.

TO BE COMPLETED BY THE APPLICANT (PLEASE PRINT)

Name _____ Preferred first name for name tag _____

Address _____ City/State/Zip _____

Email address _____

Marital status _____ Date of Birth: _____ Age: _____

Home phone (____) _____ Cell phone (____) _____ Wk Phone (____) _____

Occupation _____ Employer _____

Name of the church you attend _____ Pastor's name _____

Address _____ Church phone _____

State briefly why you wish to participate in a Walk to Emmaus and what you expect from it.

Once your application is received, we will need to send you follow-up information about the Walk. How would you prefer to receive this information? (Please circle one):

E-mail

Regular Mail

We may also contact you by phone. Please circle which you prefer:

Home Phone

Cell Phone

Best time to call you? _____

TO BE COMPLETED BY THE SPONSOR (PLEASE PRINT):

NOTE: YOU MUST ALSO COMPLETE A SEPARATE SPONSOR APPLICATION

Sponsor's name _____ E-mail _____

Address _____ City/State/Zip _____

Home phone (____) _____ Cell (____) _____ Other (____) _____

All the above information is confidential and necessary for your placement at The Walk to Emmaus. The cost of the weekend is \$115.00. This includes lodging, meals and supplies. Please enclose at least a \$25.00 deposit with this application. The balance, if any, is due upon arrival Thursday evening at the camp. Make checks payable to Mid-Ohio Valley Emmaus. Scholarships are available (cost should never be a reason not to apply). **The number of pilgrims that can be accommodated is limited, so submitting this application does not guarantee you a space. Pilgrims will receive confirmation of their participation. NO TELEPHONE RESERVATIONS PLEASE.**

FOR REGISTRAR'S USE:

Date Received: _____

Payment: _____ ck _____

Balance Due: _____

SPONSORS, PLEASE RETURN THIS FORM, PILGRIM MEDICAL FORM, & SPONSOR FORM TO:

Mid-Ohio Valley Emmaus Registrar
301 Wooster St.
Marietta, OH 45750

Mid-Ohio Valley Emmaus PILGRIM MEDICAL FORM

Name: _____

Address: _____

Phone: _____ Cell: _____

Emergency Contact

Name: _____ Relationship: _____

Phone: _____ Cell: _____

Physician Information

Doctor's Name: _____ Phone: _____

Medical Information

Do you have any food or medication allergies? Yes No If yes, please list below:

Do you have any dietary restrictions? Yes No If yes, please list below:

Do you take medications that need to be taken at certain times of the day? If yes, please list the medication and time it should be taken:

Do you have any other medical conditions that Emmaus volunteers or emergency personnel should know about? If so, please describe below:

Please return this form with pilgrim application. Thank you!