



WALK TO  
EMMAUS  
THE UPPER ROOM<sup>®</sup>

PRINT  
SUBMIT

updated 01/24/2020

## WALK TO EMMAUS PILGRIM APPLICATION - PILGRIM FORM

- ALL INFORMATION IS REQUIRED. **PILGRIM'S FIRST NAME, LAST NAME, AND BIRTH DATE MUST MATCH ON ALL FORMS.**
- GO TO <http://www.austinemmaus.org> THEN DOWNLOADS TO DOWNLOAD ALL INSTRUCTIONS, APPLICATIONS, AND FORMS.
- **PLEASE DOWNLOAD, OPEN WITH ADOBE ACROBAT (FREE READER), COMPLETE ON YOUR COMPUTER PRINT, SIGN AND MAIL TO THE ADDRESS BELOW, PLEASE DO NOT PRESS THE SUBMIT BUTTON.**
- ALL 3 FORMS WITH SIGNATURES AND PAYMENT ARE REQUIRED BEFORE THE APPLICATION CAN BE PROCESSED.
- IF YOU HAVE NOT RECEIVED NOTIFICATION OF RECEIPT, PLEASE CONTACT THE GREATER AUSTIN EMMAUS COMMUNITY (GAEC) REGISTRAR AT [Registrar@austinemmaus.org](mailto:Registrar@austinemmaus.org).

\*\*\* See current schedule for dates \*\*\*

**\$210 REGISTRATION FEE MUST BE SUBMITTED WITH THIS FORM. OTHERWISE, THE PILGRIM WILL ONLY BE REGISTERED AS "WAIT LISTED" UNTIL THE FEE HAS BEEN PAID IN FULL. PLEASE CHECK WITH YOUR LOCAL CHURCH AND 4TH DAY GROUP FOR SCHOLARSHIP ASSISTANCE AND INFORMATION.**

Walk #: \_\_\_\_\_ Walk Date (mm/dd/yyyy): \_\_\_\_\_ Cost: \_\_\_\_\_ Location: \_\_\_\_\_

\*\* If you are put on the wait list, can you attend on short notice? ☐ No ☐ 1 Week ☐ 3-4 Days ☐ Less than 3 days \*\*

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Name Tag Name: \_\_\_\_\_

Gender: ☐ Male ☐ Female Marital Status: \_\_\_\_\_ # Children: \_\_\_\_\_ Do you smoke? ☐ Yes ☐ No

Birth Date (mm/dd/yyyy): \_\_\_\_\_ E-Mail: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
(none if the same as Cell Phone) (none if the same as Home or Cell Phone)

Church Name & Address presently attending:

Ordained Clergy? ☐ Yes ☐ No Occupation: \_\_\_\_\_

Has the Walk been fully explained to you? ☐ Yes ☐ No Has the Welcome Back been explained? ☐ Yes ☐ No

Name of local Emmaus Community or 4th Day Group for Post-Walk Gatherings  
that you will be attending (check with your Sponsor if unclear what the name is):

Do you have any special dietary needs? ☐ Yes ☐ No explain: \_\_\_\_\_

Do you have any special health problems or physical needs? ☐ Yes ☐ No explain: \_\_\_\_\_

### REGISTRATION CANCELLATION/CHANGE/REFUND POLICY:

All changes in Walk Registration must be submitted to the GAEC by e-mail or mail. Registration fees can be transferred in full to another GAEC-sponsored Walk upon notification to the GAEC before Thursday at 6 pm of the start of the original Walk. Full refunds minus a \$25 processing fee may be issued to the original payer(s).

Pilgrim's Signature: \_\_\_\_\_ Date (mm/dd/yyyy): \_\_\_\_\_

I am making a payment in the amount of \_\_\_\_\_ by ☐ None ☐ Check payable to GAEC ☐ Credit Card

Credit card fee is \$7.50 on top of the \$210 for a total cost of \$217.50 for credit card payment. Mail this completed form and fee to: GAEC Registrar, 16712 Rocky Ridge Road, Austin, TX 78734

When form is completed, please print and sign and mail to the address above along with all other forms.

Credit Card Number: \_\_\_\_\_ Expiration Date (mm/yy): \_\_\_\_\_ CVV: \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_