

Walk # _____ Location: _____

MID-MICHIGAN EMMAUS

Team Member Registration and Information

Name _____

Name preferred on name tag _____

Email Address: _____

Address _____
street city state zip+4

Preferred Phone No. _____ (circle one) Cell Landline Work

Secondary Phone No. _____ (circle one) Cell Landline Work

Date of Birth / / Sex: M F

(Circle one)

Emmaus Fourth Day _____ or other accountability group _____

Church _____
name denomination pastor

Church Address _____
street city state zip +4

Do you have a health problem or physical handicap that could affect your participation on an Emmaus Walk? **Yes No (circle one)** If yes, please explain. _____

Do you need special sleep accommodations, such as a cot? (we try to reserve cots for the pilgrims when possible. **Yes No (circle one)** If yes, please explain need. _____

Are you on a special diet? **Yes No (circle one)** If yes, please explain (include details, such as gluten free, low-salt, diabetic, dairy or other allergy)

As a team member, your normal contribution to the WEEKEND is \$80. For part-time clergy and part-time team members, the normal contribution for each DAY served is \$30.00. Checks should be made out to **Mid-Michigan Emmaus**. Give this sheet, your team fee, and the medical information form to the assigned representative or to the registrar. Thank you for being the hands and feet of Christ!