Birmingham Emmaus Community Pilgrim Application (To be completed by Pilgrim)

First name:	Last name:	Nickname:
Address - Street:		
City/State:		Zip:
Home Phone:	Work:	Cell:
E-mail address:	Who is yo	ur Sponsor?
Church:	Past	or:
Age:Occupation	າ:	_ Spouse name:
Has your Spouse atter	nded a Walk?	
Emergency contact –	Name:	Home/Work Phone:
Please check all that a	ipply:	
	2 Medical needs? eds which might affect your W	√alk?
If you checked any of needs during the week		ny information that will help us meet your
	umatic events within the last	year? (Such as death of a loved one,
Briefly state why you	have decided to participate ir	n the Walk to Emmaus:
Community and return deposited until the Mo	n your check and signed appl	nake check out to Birmingham Emmaus ication to your sponsor. (Checks will not be do not have a sponsor, mail the application
Birmingham Emmaus 857 Ramsey Road Rainbow City, Al 3590	Community c/o Karen Trippe 6	
Emmaus Community t emergency. In conside hereby waive and rele	eration for the acceptance of	g to their best judgment in any this Pilgrim's application, I s Community from any and all
Applicants Signature:		Date

Birmingham Emmaus Community Sponsor's Form (To be completed by Sponsor)

Sponsor's name:			
Address - Street:	City/State:		_Zip:
Home Phone:	Work:	Cell:	
E-mail address:			
Church:	Pastor:_		
Briefly state why you reco	mmend this pilgrim for the W	Valk to Emmaus:	
			
Mail application and total desirmingham Emmaus Com 857 Ramsey Road Rainbow City, AL 35906			
•	until the Monday after the Walk. Trippe for information @ karen.		3
Please review the Walk sc most desired for this pilgr	hedule at www.bhamemmausim:	s.net and indicate the v	valk number
Pilgrims may be required approval.	to wait for a subsequent walk	depending on space a	nd board