

**Pilgrim Application** 

**Birmingham Emmaus Community** 

(To be completed by Pilgrim)

Date											
FName					LName			Ger	lder	М	F
Address											
City							State		Zip		
Email							CellPhone				
Church							Pastor				
Age			Occupation								
SpousesName					Spouse atte	Spouse attended a Walk?					
Emergency Contact Name						ERCPhone#					

Special Diet Needs?	Medical Needs?		
Health issues might affect	your walk?		
Any Traumatic events in th	e last year?		
Why You decided to Walk?			

## The total cost of the weekend is \$200.00.

This includes dorm-style facility: shared twin-bed bedroom, shared restroom/showers, meals for Friday, Saturday and Sunday, and Upper Room Pilgrim fee. Please bring your own pillow, blanket and toiletries. Sheets and pillowcase will be provided.

Please make check payable to Birmingham Emmaus Community and return your check and signed application to your sponsor. (Checks will not be deposited until the Monday after the Walk) If you do not have a sponsor, mail the application and registration fee to:

> Registrar, Birmingham Emmaus Community 108 Morris Circle Trussville, AL 35173

By my signature below, I hereby authorize representatives of the Birmingham Emmaus Community to act on my behalf according to their best judgment in any emergency. In consideration for the acceptance of this Pilgrim's application, I hereby waive and release the Birmingham Emmaus Community from any and all liabilities which may arise during my participation in a Walk to Emmaus.

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_