

**Dakotas Walk to Emmaus**  
**Request for Participation**

(Additional copies of this form can be found at [www.dakotaswalk.org](http://www.dakotaswalk.org))

Name \_\_\_\_\_ DOB \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_  
Gender \_\_\_\_\_ Marital Status \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_  
Spouse's Name \_\_\_\_\_ Spouse's Phone: \_\_\_\_\_  
Name of Church now attending \_\_\_\_\_  
Pastor's Name \_\_\_\_\_  
Has the WALK TO EMMAUS been explained to you, including reunion groups? \_\_\_\_\_

Please explain any health problems or physical limitations that may affect your participation at the WALK TO EMMAUS:

\_\_\_\_\_  
\_\_\_\_\_

Please list medications that we should know about:

\_\_\_\_\_

List any medically required dietary needs:

\_\_\_\_\_

What do you expect to gain from the WALK TO EMMAUS?

\_\_\_\_\_  
\_\_\_\_\_

Sponsor's Name \_\_\_\_\_

Total Registration Fee is \$135. Please include a \$35.00 non-refundable deposit and make check payable to: DAKOTAS WALK TO EMMAUS. Participants will be notified approximately one month before the Walk. The balance of the registration fee of \$100 is due at the time of the Walk.

Signature \_\_\_\_\_ Date \_\_\_\_\_

PLEASE RETURN THIS COMPLETED FORM TO YOUR SPONSOR.

If you do not have a sponsor or need further information, please contact:

Jeanne Olson, Registrar, 605-350-0936, email: [olsonfamily1@hur.midco.net](mailto:olsonfamily1@hur.midco.net)

Revised: 01-2017