

Dakotas Walk to Emmaus

Request for Participation

(Additional copies of this form can be found at www.dakotaswalk.org)

Name _____ DOB _____

Address _____ City _____ ST _____ Zip _____

Phone _____ Landline _____ or Cell _____ Work Phone _____

Email _____

Gender _____ Occupation _____ Marital Status _____

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: (Must be received one month prior to the Walk)

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

Sponsor's Name _____

Cost per Pilgrim is \$200.00

Send a Check to Michelle Lintvedt 29718 SD Hwy 248, Presho, SD 57568.

All Checks are payable to Dakota Walk to Emmaus.

Signature _____ Date _____