

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

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

Sponsor's Name _____

Please include a \$50.00 non-refundable deposit. The remaining balance of \$100.00 is due on the Walk date. Please make check payable to: DAKOTAS WALK TO EMMAUS. Registrations must be received two weeks prior to the walk in order to plan for accommodations and meals.

Signature _____ Date _____

PLEASE RETURN THIS COMPLETED FORM TO YOUR SPONSOR.

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

Scott Nikont, Registrar; email: DakotasWTE@gmail.com

Revised: 01-2020