

Dakotas Walk to Emmaus Team Member Registration

Name _____ DOB _____

Address _____

City _____ ST _____ Zip _____

Home Phone _____ Cell Phone _____

Email _____

What team duty do you have for the weekend: _____

If you have any health problems that may affect your participation and/or attendance at the Walk, please explain: _____

Do you have any physical limitations? _____

Do you have any dietary needs that we should be aware of? (Must be received one month prior to the Walk.)

In case of emergency, please contact: Name

Home Phone _____ Work Phone _____

Men's Walk _____ Women's Walk _____

Dakotas Walk to Emmaus Team Member Registration Thank you for your willingness to serve as a team member on the upcoming "Walk". Your participation is vital to the ongoing ministry we have been called as members of the International Emmaus Community.

Team members are requested to pay the costs for their weekend. Inability to pay will not prevent anyone from participation on the team, but please review the following options:

_____ I can pay the team member fee of \$200.00 plus a love offering of \$ _____.

_____ I can pay the team member fee of \$200.00.

_____ Banquet Server only: \$15 donation for Saturday night meal only.

It is important for each team member to complete this form and return it with your payment at least three weeks prior to the Walk date. Please make checks payable to: DWTE Thank you for your willingness to serve on the team! DeColores! Please mail this form with payment three weeks prior to the Walk date to: Michelle Lintvedt 29718 SD HWY 248 Presho, SD 57568 Or Scan & Email to michellelintvedt@gmail.com

Signature _____ Date _____