

# Billings Walk to Emmaus Application

Please complete the application through the link on <https://www.billingsemmaus.com/> for accuracy.

Name: First: \_\_\_\_\_ Last: \_\_\_\_\_

Name you prefer on your name tag: \_\_\_\_\_ Gender: Male/Female

Are you Clergy? Yes or No

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Occupation: \_\_\_\_\_

Marital Status: M, S, D, W Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

If married, spouse's name: \_\_\_\_\_ Has spouse attended WTE: Yes/No

Name of current church you are attending: \_\_\_\_\_

Address of current church you are attending: \_\_\_\_\_

Pastor's Name: \_\_\_\_\_

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Do you require any physical assistance? Yes/No, if yes please explain: \_\_\_\_\_

**Please note that the facility for the weekend is not handicap accessible. If you need other types of accommodation (i.e. Vision, hearing, medical, or other, please specify)**

Please specify any medical accommodations required by your provider: \_\_\_\_\_

Please specify any dietary accommodations needed: \_\_\_\_\_

Emergency Contact (other than sponsor or spouse):

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Primary Providers' Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital Preference: St. Vincent or Billings Clinic

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I understand that in order to attend a Walk to Emmaus Weekend, I must have a sponsor who has previously attended a Walk or Cursillo, I have a sponsor? Yes/No.

**\*\*\*\*If you do not have a sponsor, please send the application in and we will contact you for help\*\*\*\***

Sponsor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Has your sponsor explained the Walk Weekend to you? Yes/No

May we print your name on the Walk Weekend Participant List? Yes/No (This list is not sold or given away)

Please mail a non-refundable pre-registration deposit of \$25.00, payable to Walk to Emmaus, to your sponsor.