

TEAM-AUXILARY REGISTRATION

**For all who are serving this week-end
Kalamazoo Area Emmaus Community**

Walk: Women's Men's Spring Fall Team Position/Job _____

Name: _____ (Confer Room Name Tag) _____

Address: _____ City: _____ Zip: _____

Home Phone: (____) _____ Work Phone: (____) _____

Email Address: _____

Emergency Contact Person: _____ Phone: (____) _____

----- Insurance Information (*if under 18 yrs of age*) -----

Name of policy holder: _____ Insurance Comp: _____

Policy#: _____ Contract# _____ Effective Date: _____

I plan on serving:

All Weekend Thursday Friday Saturday Sunday

I plan on sleeping at the Walk Facility:

All Weekend Thursday Friday Saturday

I plan on eating the following meals:

All Weekend \$40

or	Friday	Saturday	Sunday
	<input type="checkbox"/> Breakfast \$4.00	<input type="checkbox"/> Breakfast \$4.00	<input type="checkbox"/> Breakfast \$4.00
	<input type="checkbox"/> Lunch \$6.00	<input type="checkbox"/> Lunch \$6.00	<input type="checkbox"/> Lunch \$6.00
	<input type="checkbox"/> Dinner \$7.00	<input type="checkbox"/> Dinner \$7.00	

Special Dietary Needs: _____

Any Special Needs: _____

Registration Fee: \$40 weekend or meal(s) total Amount enclosed: _____

I understand that serving on an Emmaus Walk is not only a privilege but a commitment. In agreeing to serve, I covenant with all of the team members to be present at all required team meetings unless obstacles arise that are beyond my control. In the event that I must miss any meeting, I will notify the responsible individual of my absence and determine with them whether this is the appropriate time for me to serve on the Walk.

Signature _____ Date: _____

Please send the completed form, with registration fee to:

Deb Litchfield, 1615 N. 5th St. Apt 170, Niles MI 49120