

**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 \$50

<b>or</b>	Friday	Saturday	Sunday
	<input type="checkbox"/> Breakfast \$4.50	<input type="checkbox"/> Breakfast \$4.50	<input type="checkbox"/> Breakfast \$4.50
	<input type="checkbox"/> Lunch \$7.00	<input type="checkbox"/> Lunch \$7.00	<input type="checkbox"/> Lunch \$7.00
	<input type="checkbox"/> Dinner \$8.00	<input type="checkbox"/> Dinner \$8.00	

Special Dietary Needs: \_\_\_\_\_

Any Special Needs: \_\_\_\_\_

Registration Fee: \$50 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:

*Teresa Martin, 243 S. Paw Paw Street, Coloma, MI 49038*