

# EMMAUS OF SOUTHEAST MICHIGAN COMMUNITY

## TEAM MEMBER INFORMATION

NAME: \_\_\_\_\_ (AS PREFERRED ON NAME TAG)

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ HOME: \_\_\_\_\_

BUSINESS: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: \_\_\_\_\_

HOME CHURCH: \_\_\_\_\_

DENOMINATION: \_\_\_\_\_

PASTORS NAME: \_\_\_\_\_

DO YOU HAVE A HEALTH PROBLEM OR PHYSICAL HANDICAP THAT MAY  
AFFECT YOUR PARTICIPATION AS A TEAM MEMBER OF A WALK TO  
EMMAUS? \_\_\_\_\_

ARE YOU ON A SPECIAL DIET OR MEDICATION? \_\_\_\_\_

IF YES TO EITHER OF THE ABOVE, PLEASE EXPLAIN: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

CHECKS SHOULD BE MADE OUT TO: EMMAUS OF SOUTHEAST MICHIGAN  
PLEASE RETURN THE COMPLETED FORM AND YOUR CHECK TO THE LAY  
DIRECTOR DESIGNATE PRIOR TO THE LAST TEAM MEETING.

\$ \_\_\_\_\_ \$42.50 TEAM MEMBER WALK FEE  
(incl. Contrib. for Pilgrim mugs).  
\$ \_\_\_\_\_ \$ 2.50 (Optional Fee) for a Mug for you  
\$ \_\_\_\_\_ \$ 5.00 (Optional Fee) for a Group Photo  
\$ \_\_\_\_\_ TOTAL AMOUNT DUE

TEAM MEMBER NAME: