



# Face to Face Registration Form

Hosted by Chesapeake Walk to Emmaus

**Dear Candidate:**

We are pleased, that the Lord has led you to attend a “Face to Face Encounter”. Please fill out this form completely and return it to the Registrar along with the \$35 fee. If you are married, we strongly encourage your spouse to make an equal commitment to go on an *Encounter*.

**To Be Completed By Candidate**

**Application Date:** \_\_\_\_\_

First Name	Preferred Name	Last Name	Preferred Phone	Alternate Phone
Address - Street / Box / Apt.			Address - City, State, Zip Code	
Email Address			Date of Birth / Age	
Occupation/Former Occupation			Date of Retirement	
Emergency Contact			Emergency Contact Telephone	

**Spouse (if any)**

Marital Status	First Name	Middle Initial	Last Name
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Have you previously attended an Emmaus or Chrysalis weekend? Yes / No When? Month \_\_\_\_\_ Year \_\_\_\_\_

Has your spouse or child attended an Emmaus or Chrysalis weekend? Yes/No When? Month \_\_\_\_\_ Year \_\_\_\_\_

Church Name (Include Denomination)	Address - Street / Box / Apt	City, State	Zip Code
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Pastor	Phone	Email Address
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**Special Considerations** - Are you on a special diet? Yes / No

Are you on special medications? Yes / No

Do you have any limitations that may require special preparations? Yes / No

If yes, please provide additional information below and also advise your sponsor

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## *Additional Information*

We need some additional information to make your Face to Face encounter complete. This information will not be shared outside of Face to Face and the Upper Room Programs.

### ***Sponsorship***

Are you being sponsored on this Encounter? Yes/No

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If yes, Name of **Sponsor** \_\_\_\_\_

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Address - Street / Box / Apt. \_\_\_\_\_ Address - City, State, Zip Code \_\_\_\_\_

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Email Address \_\_\_\_\_ Phone Number \_\_\_\_\_

### ***Family***

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Name \_\_\_\_\_

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Address - Street / Box / Apt. \_\_\_\_\_ Address - City, State, Zip Code \_\_\_\_\_

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Email Address \_\_\_\_\_ Phone Number \_\_\_\_\_

### ***Friend***

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Name \_\_\_\_\_

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Address - Street / Box / Apt. \_\_\_\_\_ Address - City, State, Zip Code \_\_\_\_\_

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Email Address \_\_\_\_\_ Phone Number \_\_\_\_\_

*Return completed application with \$35 fee to:*

Shelly Marshall  
27571 Pemberton Drive  
Salisbury, MD 21801

**Any Questions, Please Call: 410-726-2491**

**Email: [ShellyMarshall62@gmail.com](mailto:ShellyMarshall62@gmail.com)**

*Make checks payable to:* Chesapeake Walk to Emmaus

### **For Registrar's Use Only**

**Date Received** \_\_\_\_\_ **Invitation Sent** \_\_\_\_\_ **Confirmed** \_\_\_\_\_ **Attended** \_\_\_\_\_

**Money Received** \_\_\_\_\_ **Date Received** \_\_\_\_\_ **Amount** \_\_\_\_\_ **Check No.** \_\_\_\_\_