



Registration Form

Register online (preferred) or
Return this form and deposit to:
FaithWalk Registrar
795 Ebenezer Rd, Toone, TN 38381

You can register and pay online at faithwalkspringfield.org!

If you have attended a previous 4th day weekend such as Discipleship Walk, Great Banquet, Walk to Emmaus, Cursillo, Tres Dias, Chrysalis, etc., you CANNOT attend FaithWalk, but rather contact us about serving as a member of our FaithWalk team. Applications are on a first come, first served basis and this application does not guarantee your place on the next walk. *We cannot reserve your space until your deposit has been received by the Registrar.* Your placement on a Walk will be confirmed with you by the Registrar approximately eight weeks prior to the Walk date.

Current Rates: \$175.00 with a \$90.00 deposit. **Please note that application and deposit must be received 4 weeks prior to the start date of the desired upcoming walk.**

(PLEASE PRINT CLEARLY)

Gender: Male Female Date of Birth: ____/____/____

First Name: _____ Last Name: _____ Suffix: Sr Jr III
(As you would like it to appear on your name tag) (Circle if applicable)

Address: _____

City/State/ZIP: _____

Best Phone Number: (____) ____-____ Type: Cell Home Work

Personal Email Address: _____

Church attending (Name/City): _____

Emergency Contact: _____ Phone (____) ____-____

Who encouraged you to attend? _____ Phone (____) ____-____

Marital Status: Single Married Widowed Do you smoke or vape? No Yes

If Married, has your spouse attended a Weekend? No Yes Plans to (When? Year: ____ Spring Fall)

Are you pregnant? No Yes (due date: ____/____/____) Do you use a Wheelchair? No Yes

Specific Health Concerns: High Blood Pressure Diabetes Seizures Require CPAP Carry EpiPen

Please explain any health concerns that would prevent you from walking, sitting, etc.: _____

Please explain any allergies or special dietary requirements you may have: _____

T-Shirt Size: Small Medium Large XL 2XL 3XL 4XL

I hereby release and agree to hold harmless FaithWalk, it's Secretariat, and the weekend servants from all liability regarding any claims for personal injuries and damage to loss of personal property that I may incur during any activity sponsored by FaithWalk.

Date Signature of Applicant (Leave blank if not available)

FOR REGISTRAR USE ONLY: Date Received ____/____/____ (PM or BX) Revision: 2019-05-09
PMT 1 AMT \$ _____ cash check # _____ Dt ____/____/____ by: _____
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