



FaithWalk Springfield REGISTRATION FORM

Return form and deposit to:
FaithWalk Registrar
795 Ebenezer Rd, Toone, TN 38381

(PLEASE PRINT CLEARLY)

If you have attended a previous 4th day weekend such as Discipleship Walk, Great Banquet, Walk to Emmaus, Cursillo, etc., you **CANNOT** attend FaithWalk, but rather contact us about serving as a member of our FaithWalk team.

Men's Weekend

Women's Weekend

First Name: _____ Last Name: _____
(As you would like it to appear on your name tag)

Address: _____

City: _____ State: _____ Zip: _____

Phone: Home (_____) _____ - _____ Cell (_____) _____ - _____

Email Address: _____

Date of Birth: ____ / ____ / ____

Church Attending (Name/City): _____

Emergency Contact: _____
(Name Phone Relationship)

Do you have any health concerns that prevent you from walking, sitting, etc.? _____

Do you have any food allergies or require a special diet? If yes, please explain: _____

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

Marital Status: Single Married Widowed Other

Has your spouse attended or is planning to attend a Weekend? Yes No

If Yes, when (season and year - Example: Fall '18): _____

Do you smoke or vape? Yes No

T-Shirt Size: Small Med Large XL 2XL 3XL

I hereby release and agree to hold harmless FaithWalk, it's Secretariat, and the servers from any and 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.

Signature of Applicant (leave blank if not available) _____

Date _____

Total cost for the weekend: **\$175**. A **\$90** deposit, which is applied toward the total cost, must be submitted with this registration form. Please make your check payable to: FaithWalk. **We cannot reserve your space until your deposit is paid.** Registrations are on a first come, first serve basis and this registration does not guarantee you a place on the upcoming Walk. **You will receive a confirmation notice approximately eight weeks prior to the Walk date.**

FOR REGISTRAR USE ONLY: Rcvd _____ (PM or BX)

PYMT 1 AMT\$ _____ cash check# _____ dt: ____/____/____ by: _____

PYMT 2 AMT\$ _____ cash check# _____ dt: ____/____/____ by: _____