Nebraska Walk to Emmaus

Team Registration (Calvin Crest Version)

Name:	Spouses First Name:	
Address:		
City:	State: Zip Code:	
Home Phone:	Cell Phone:	
Email Address:	Date of Birth:	Needed for recordkeeping purposes only!
Church:	Church City:	
Location & Number of your original Walk: _		
What team duty do you have for the week	end?	
If you have any health problems that may a	affect your participation/or attendance at the Walk,	please explain:
Do you have any allergies to food or medica	ations? If so, please list:	
If you are on a special diet, please describe	e your needs:	
In case of an emergency, please contact:		
Emergency Contact Phone:	Other Phone:	
L v	will be a team member at:	
Men's Walk #: Women's Walk #	#: Conference Room Team: Agape	Team:
Your signature:	Date:	
Please mail as soon as possible to:	Scott Nikont / NWTE Registrar 27670 Thunder Creek Rd Winner, SD 57580 308-760-0541 / scottnikont@gmail.com	
Weekend Costs \$335.00 for Confe Have a che "Private rooms may be available on a need bas Conference Room member Agape Team members pay in Agape. P	! Make payment and love offering at the Walk! erence Room team. \$175 for Agape team staying in Ca eck or cash ready to make payment. sis, as determined by the Registrar and Lay Director, for an ac rs pay at the team meeting Thursday night at 10pm! Please do not try and pay while collecting money fron DR YOUR PARTICIPATION ON THE TEAM	dditional fee".