

**2018 Walk to Emmaus Signature Page**

**Name of the Community** \_\_\_\_\_

**Email Address** \_\_\_\_\_ **Website** \_\_\_\_\_

This page indicates the intent of the Local Community to offer **Walk to Emmaus** in this covenant year. The Community Chairperson signs below to affirm this.

The first two signature lines are for the Walk to Emmaus Community Lay Director and Walk to Emmaus Community Clergy Director. The three additional signatures required are the Walk to Emmaus operating chairpersons for Agape, Fourth Day, and Team Selection.

If this is the first year offering Walk to Emmaus in the Local Community, only the Community Chairperson and two additional signatures are required: the two board members serving on the steering committee.

The Local Community agrees to report Walk to Emmaus event dates and attendance to The Upper Room. The Local Community further agrees to pay a fee of US \$13.00 per each Pilgrim to The Upper Room for use of Walk to Emmaus.

**Community Contact Information:**

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

**Community Chairperson** (please print clearly) \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Walk to Emmaus Lay Director/ Board Member on the Steering Committee** (please print clearly)

Name \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Walk to Emmaus Clergy Director/ Board Member on the Steering Committee** (please print clearly)

Name \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Walk to Emmaus Agape Chairperson** (please print clearly) \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Walk to Emmaus Fourth Day Chairperson** (please print clearly) \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Walk to Emmaus Team Selection Chairperson** (please print clearly)

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Signature:** \_\_\_\_\_

<p>(For Emmaus Office Use Only) <b>INTERNATIONAL EMMAUS AND CHRYSALIS OFFICE</b> P. O. Box 340004, Nashville, TN 37203-0004 Toll free 877-899-2780 x 7113 or 1-615-340-7113 or FAX: 615-340-7257 Web: <a href="http://emmaus.upperroom.org/">http://emmaus.upperroom.org/</a> Email: <a href="mailto:emmaus@upperroom.org">emmaus@upperroom.org</a></p>	
_____ International Lay Director of Emmaus Ministries	DATE: _____
Account Number: _____	
Boardroom Website: <a href="http://emmaus.upperroom.org/leaders">http://emmaus.upperroom.org/leaders</a>	
Customer Care Service: 1-800-972-0433 (need acct # when calling*)	