



## *Registration*

*Next Location: check calendar at  
<https://cincinnatiemmaus.org/>*

*For More Information Contact:*

*Ev Gillming ~ [elvalee@fuse.net](mailto:elvalee@fuse.net)*

*Linda St Myers ~ [Lstmyers@cinci.rr.com](mailto:Lstmyers@cinci.rr.com)*

*Julie Merritt ~ [juleslm22@gmail.com](mailto:juleslm22@gmail.com)*

## Participant Information

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Church Affiliation \_\_\_\_\_

Previous Occupation \_\_\_\_\_

Year of Retirement \_\_\_\_\_

*This information will not be shared outside  
of Face to Face and the Upper Room programs.*

Return completed application with deposit of \$30 and balance of  
\$30 due prior or first day of Encounter.

Make checks payable to Greater Cincinnati Emmaus

Send to:  
Sandi Fenstermacher  
3595 Hazelnut Court  
Cleves, Ohio 45002

Email: [sfenstermacher@fuse.net](mailto:sfenstermacher@fuse.net)

Questions?

Linda St Myers 513-402-7487

## **Additional Information**

*WE NEED SOME ADDITIONAL INFORMATION TO MAKE YOUR  
FACE TO FACE ENCOUNTER COMPLETE.*

**VERY IMPORTANT – MUST BE COMPLETE**

### **Pastor**

Name \_\_\_\_\_

Church & Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

### **Friend**

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

### **Family**

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

### **Sponsor Information**

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

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of Face to Face and the Upper Room programs*

## **Special Needs & Medical Information**

*WE NEED SOME ADDITIONAL INFORMATION TO MAKE YOUR  
FACE TO FACE ENCOUNTER COMPLETE.*

**VERY IMPORTANT – MUST BE COMPLETE**

### **Emergency Contact**

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

### **Primary Care Physician & Phone Number**

Name \_\_\_\_\_

Phone \_\_\_\_\_

### **Dietary Restrictions or Concerns**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Mobility Concerns (need assistance, trouble with stairs, etc)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Other Concerns we need to know**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***Thank you for this information***