



## *Registration*

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

*For More Information Contact:*

*Wayne Elliott ~ [gemmausf2fwayne@gmail.com](mailto:gemmausf2fwayne@gmail.com)*

*Ann Myers ~ [acesmyers@aol.com](mailto:acesmyers@aol.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)

## **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 \_\_\_\_\_

*This information will not be shared outside of Face to Face*

## **Additional Information**

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**VERY IMPORTANT – MUST BE COMPLETE**

### **Emergency Contact**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Relationship \_\_\_\_\_

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

Name \_\_\_\_\_

Phone \_\_\_\_\_

### **Dietary Restrictions & Concerns**

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

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

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

### **Other Concerns We Need To Know**

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

*Thank you for this information.*