



Registration

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

For More Information Contact:

Wayne Elliott ~ gemmausf2fwayne@gmail.com

Ann Myers ~ 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:

Jerry Honchell

1783 East McMillan

Cincinnati, Ohio 45206

Email: jerry.emmaus@gmail.com

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.