



# Registration Form

You can register and pay online at [faithwalkjackson.org](http://faithwalkjackson.org)!

Register online (preferred) or  
Return this form and deposit to:  
FaithWalk Registrar  
PO Box 10943, Jackson, TN 38308

If you have attended a previous 4<sup>th</sup> day weekend such as Discipleship Walk, Great Banquet, Walk to Emmaus, Cursillo, Tres Dias, Chrysalis, etc., you CANNOT attend FaithWalk, but rather contact us about serving as a member of our FaithWalk team. Applications are on a first come, first served basis and this application does not guarantee your place on the next walk. *We cannot reserve your space until your deposit has been received by the Registrar.* Your placement on a Walk will be confirmed with you by the Registrar approximately eight weeks prior to the Walk date.

**Current Rates:** \$220.00 with a \$110.00 deposit. **Please note that application and deposit must be received 4 weeks prior to the start date of the desired upcoming walk.**

(PLEASE PRINT CLEARLY)

Gender:  Male  Female

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Suffix: Sr Jr III  
(As you would like it to appear on your name tag) (Circle if applicable)

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Best Phone Number: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Type:  Cell  Home  Work

Personal Email Address: \_\_\_\_\_

Church attending (Name/City): \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_-\_\_\_\_

Who encouraged you to attend? \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_-\_\_\_\_

Marital Status:  Single  Married  Widowed Do you smoke or vape?  No  Yes

If Married, has your spouse attended a Weekend?  No  Yes  Plans to (When? Year: \_\_\_\_  Spring  Fall)

Are you pregnant?  No  Yes (due date: \_\_\_\_/\_\_\_\_/\_\_\_\_) Do you use a Wheelchair?  No  Yes

Specific Health Concerns:  High Blood Pressure  Diabetes  Seizures  Require CPAP  Carry EpiPen

Please explain any health concerns that would prevent you from walking, sitting, etc.: \_\_\_\_\_

Please explain any allergies or special dietary requirements you may have: \_\_\_\_\_

T-Shirt Size:  Small  Medium  Large  XL  2XL  3XL  4XL

I hereby release and agree to hold harmless FaithWalk, it's Secretariat, and the weekend servants from all liability regarding any claims for personal injuries and damage to loss of personal property that I may incur during any activity sponsored by FaithWalk.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant (Leave blank if not available)

FOR REGISTRAR USE ONLY: Date Received \_\_\_\_/\_\_\_\_/\_\_\_\_ (PM or BX)

Revision: 2022-09-23

PMT 1 AMT \$ \_\_\_\_\_  cash  check # \_\_\_\_\_ Dt \_\_\_\_/\_\_\_\_/\_\_\_\_ by: \_\_\_\_\_

PMT 1 AMT \$ \_\_\_\_\_  cash  check # \_\_\_\_\_ Dt \_\_\_\_/\_\_\_\_/\_\_\_\_ by: \_\_\_\_\_