

Please print clearly:
Cost for the Encounter: \$50.00
8 Sessions in 4 days

Amount \$ _____ Check # _____
Date Received: _____
Paid by: _____

Face to Face Pilgrim Registration Form

Encounter Dates: On two successive Fridays and Saturdays (4 days total)
Time: 9:00 - 3:30, Lunch will be provided
Encounter Site: Rancho Bernardo Community Church
17010 Pomerado Road, San Diego

Name: _____ Nametag preference: _____

Address: _____

Phone: Home _____ Cell _____

Email: _____ Marital Status: _____

Church Affiliation: _____

Pastor's Name: _____

Additional Information: Please provide the names and contact information for friends/family members who would be willing to pray for you at some time during the Encounter. We will contact them to find out when they would like to do this.

Family Member: _____

Contact Info: Phone: _____ Email: _____

Friend's name: _____

Contact Info: Phone: _____ Email: _____

Friend's name: _____

Contact Info: Phone: _____ Email: _____

Friend's name: _____

Contact Info: Phone: _____ Email: _____

Family or Friend's name: _____

Contact Info: Phone: _____ Email: _____

Pertinent health issues, dietary concerns, physical limitations we should be aware of: _____

Religious or civic organizations in which you are involved:

Do you sing or play a musical instrument? Yes _____ No _____

Which instrument?

The primary theme of a **Face to Face** Encounter is "Living in Grace". It presents basic Christian theology and Biblical content geared to the spiritual needs of seniors. We will share worship, opportunities for Christian learning as well as fun, food, and fellowship with other Christ-followers while experiencing an abundance of God's love and grace.

To receive the maximum impact of your Encounter, we expect you to attend all four days. Please make sure your calendar is open for the dates of the Face to Face Encounter.

In addition to the four Encounter days, there will be a potluck and worship service for participants on Saturday following the Encounter . You are encouraged to attend this event. More details will be provided.

Signature: _____ **Date:** _____

Please include your \$50 fee payable to San Diego Emmaus Community with this application and mail it to:

Registrar, SDEmmaus Community

P.O. Box 502385

San Diego, CA 92150-2385

Questions? Contact the Registrar via email at sandiegoemmaus@gmail.com

Your contact information is used only by the Upper Room and San Diego Walk to Emmaus. We do not sell, share or distribute your information with third parties.
