

MESQUITE COUNTRY CHRISTIAN COMMUNITY

Walk Registration Request Form

Name _____ (as it should appear on nametag)

Address _____ City _____ State _____ Zip _____

Home Phone (_____) - _____ Work Phone (_____) - _____ Cell Phone (_____) - _____

E-mail address _____

Date of Birth ____/____/____ Gender Male Female Clergy? Yes No

Occupation _____

T-Shirt Size XS S M L XL 2X 3X Other _____

Smoking Preference for the Weekend? Non-smoking Smoking

Marital Status Married Single Divorced Widowed Separated Engaged

Spouse Name _____ Spouse Walk # _____

Do you require any physical assistance? Yes No If Yes, please specify: _____

Do you take any medications during the day (other than when you get up or go to bed)?:

Please specify any special dietary needs you would expect us to provide:

Emergency Contact (other than sponsor):

Name _____ Relationship _____ Primary Phone _____

Name of Church Candidate Attends _____

Sponsor _____ Phone (Home) _____ (Other) _____

Sponsor E-mail address _____

Sponsor Comments _____

Candidate Comments _____

Comments to Registrar _____

Walk fee \$135.00. Make your check payable to: MCCC. Please do not register unless you can be present for the entire weekend. If it becomes necessary to cancel this reservation, please notify Brenda Hammond, Registrar, at registrar@mesquitecountry.org, (325) 728-3669, or (940) 372-3210. Online applications are preferred: please visit www.mesquitecountry.org. Sponsor: please use this form to enter the information into the online application. It is not necessary to submit this application by mail if you enter it online. You may submit payment online or mail check to Registrar, MCCC, 512 E 13th St, Colorado City, TX 79512. If you cannot use the online form, you may mail this form to that same address. Pilgrim order will be determined by timestamp when application was entered online. Mailing this form will delay that process.

OFFICE USE ONLY:		Payment Info:	
Confirmed for Walk #	On waiting list for Walk #	Date Received: / / Amt:	Date Received: / / Amt:
		Ck #:	Ck #:
		Paid by:	Paid by:
		Received by:	Received by:
Notes/Comments:		Date Received: / / Amt:	Scholarship Amount:
		Ck #:	
		Paid by:	
		Received by:	