Alabama Walk To Emmaus Application

(Held At Camp Sumatanga, Gallant, AL)



P.O. BOX 38 CROPWELL, AL 35054 (205) 812-0345 Office

Office@AlaEmmaus.org www.alaemmaus.org

REV (1/2023)
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The Walk to Emmaus is a 3-day experience sponsored by the Upper Room. The purpose of the walk is to foster spiritual renewal by offering a "short course in Christianity" and provide a model for Christian accountability groups. It is intended for established Christians who want a refresher in the basic tenets of our faith and an opportunity for spiritual development through the sharing of God's grace.					
Section 1: To be completed by Candidate (Please print or type a response to all questions or application will be returned.)					
Name:	Name For Name Tag:				
Address:		Gender: Male	Female		
City:		State:	Zip:		
Phone (Home/Cell): Er	nail Address:				
Church You Attend (Include Denomination):					
Age: Occupation/Employer:	Work P	hone:			
Religious/Community Organizations You Are Involved In	1:				
Spouse's Name: Has Spou	use Attended Or Now Scheduled Fe	or A Walk? Y N	If Yes, Walk No.:		
Describe any special diet or medication schedule:					
Describe any health or physical problems that may affect	your participation:				
Briefly state why you applied to attend the Walk To Emmaus:					
Candidate Signature: Date:					
A pre-registration deposit of \$30.00 must be included with the application. This will be applied toward your registration fee of \$200 . THE REMAINING BALANCE OF \$170 IS TO BE PAID WHEN AN ASSIGNED WALK IS ACCEPTED. Make check payable to: Alabama Emmaus Community. Registration fees are subject to change. <i>PRE-REGISTRATION DEPOSIT IS NOT REFUNDABLE OR TRANSFERABLE</i> .					
Section 2: To be completed by Sponsor and Co-Spons	or (Please print or type a respons	se to all questions or ap	plication will be return	ed.)	
Sponsor Name:	Email Address:				
Address:	City:	State:	Zip:		
Phone: (Home/Cell)	Church & Denomination:				
Cluster:	Your Walk Weekend: Location &	& Number?			
How long have you known your pilgrim?	Number of pilgrims sponsored la	st year?			
Co-Sponsor Name:	Email Address:				
Address:	City:	State:	Zip:		
Phone: (Home/Cell)	Church & Denomination:				
Cluster:	Your Walk Weekend: Location &	& Number?			
How long have you known your pilgrim?	Number of pilgrims sponsored la	st year?			
Any known health condition or situation that would preven If yes, please describe:	nt your pilgrim from completing the	e walk?YN			
Are you familiar with the responsibilities of a sponsor? Y	N Are you prepared to f	ulfill these responsibiliti	es? Y N		
Have you explained to your pilgrim: The Emmaus Weeker	nd? Y N Follow up? Y	(N	Reunion Group? Y	Ν	
Sponsor Signature:	Date:	Would you like an e	mail confirmation? Y	Ν	
Co-Sponsor Signature:	Date:	Would you like an er	nail confirmation? Y	Ν	
OFFICE USE ONLY: Date Received:	Assigned To Walk Number:	De	eposit:		