

APPLICATION TO ATTEND A 72 HOUR WALK TO EMMAUS hosted by Emmaus of the Albemarle, Inc.

Please use white paper, print legibly with black ink pen, and make sure to answer all questions

Print your full name _____ Birth Date ___/___/___

Prefer your name tag to read _____ Male ___ Female ___

Mailing Address: _____

Street or post office box number _____ town/city _____ state _____ zip code _____

Home Telephone:(____) _____ Cell Phone:(____) _____

Email Address: _____

Occupation: _____

Name of your Church: _____ Telephone :(____) _____

Address: _____

*Pastor's signature _____ Printed Name _____

Applications must have your pastor's signature and phone number. If your church is currently without a Pastor, please have the Church's Lay Leader, Deacon, etc., sign with their position and phone number

Are You: __ Married __ Single __ Widow __ Divorced Spouse's Name: _____

Has your spouse attended an Emmaus Walk? __ Yes __ No When/ where? _____

If NO, is your spouse a current applicant? __ Yes __ No Do you know others attending this walk? __ Yes __ No

What are their names and relationship? _____

The following information is very important and necessary to make sure we are prepared to meet your needs

List special dietary needs (vegetarian, diabetic, etc): _____

List special medical needs, physical limitations and all medications you take _____

Please give a brief and honest statement about why you would like to attend an Emmaus Walk Weekend, what you expect from it, and anything about yourself and your faith you wish to share: _____

Please tell us about any church organizations and activities you are involved in: _____

***There is a \$100.00 non-refundable processing fee that must accompany this application. Make checks payable to Emmaus of the Albemarle, Inc.**

****DO NOT MAIL CASH**** There are no additional costs to you.

Any additional expenses are underwritten by gifts from individuals who have already experienced a weekend and want to share the experience with you. **After fully completing this application, please return it with your fee to your sponsor for submission.**

THIS IS ONLY AN APPLICATION TO ATTEND A WEEKEND AND NOT A GUARANTEE OF A SPECIFIC WEEKEND. YOU WILL BE NOTIFIED OF ACCEPTANCE FOR A WEEKEND BY A TELEPHONE CALL APPROXIMATELY 6-7 WEEKS BEFORE THAT WEEKEND. YOU MUST RESPOND TO THE CALL IN ORDER TO CONFIRM YOUR ATTENDANCE. YOU WILL RECEIVE A LETTER ADVISING IF THE UP COMING WALK WEEKEND IS FULL..

By my signature below I hereby give Emmaus of the Albemarle, Inc. permission to seek appropriate medical attention for me in the event of an accident, illness or injury during the Emmaus Weekend. I will be responsible for any and all costs associated with any medical treatment provided.

Applicant's Signature: _____ Date _____

To Be Completed By Sponsor

SPONSORS, PLEASE PRAY AND CAREFULLY READ THIS STATEMENT BEFORE YOU GIVE THE APPLICATION TO SOMEONE.

Sponsorship is a true form of agape and involves a tremendous responsibility to both the pilgrim and the Emmaus Community.

Make sure the pilgrim/sponsor application is fully complete and legible. The applicant pays a **non-refundable processing fee of \$100.00.** Once the applicant has been confirmed to attend a weekend, you, as sponsor, will receive a letter requesting the remaining sponsorship fee of \$225.00. Your check is required to be received two weeks prior to the walk weekend. **DO NOT TELL THE APPLICANT THEY WILL BE A PILGRIM ON THE UP COMING WALK WEEKEND BUT DO TELL THEM YOU ARE JOINING THEM IN PRAYING THEY WILL GET IN ON THE WALK WEEKEND GOD CHOOSES FOR THEM.** Please remember that the Weekend is an intense program of Christian study and spiritual growth and is not a retreat or a cure-all for persons who maybe experiencing temporary problems. **Emmaus is a method of Christian renewal for those already active in their Church and who desire to deepen their faith while becoming closer to Christ in their daily lives.**

Sponsor's Name: _____

Sponsor's Mailing Address _____

Street or PO Box # _____ Town/City _____ State _____ Zip Code _____

Best Phone Number to reach you: (____) _____ Alternate Phone (____) _____

E-Mail Address _____

Name of Your Church: _____

Before Anyone Can Sponsor, You Must Have Attended a Walk and a Day of Deeper Understanding DODU

When and Where Was Your Original Walk: _____

When/ Where Did You Attend the Mandatory Day of Deeper Understanding: _____

Please give the names of any other applicants for this walk that are related too or close friends with your pilgrim

Are there any circumstances concerning your pilgrim that the Team should be aware of _____

****VERY IMPORTANT**** SUBMISSION OF THIS APPLICATION to attend an EMMAUS OF THE ALBEMARLE, INC. WALK DOES NOT GUARANTEE YOUR PILGRIM WILL ATTEND THE VERY NEXT WALK WEEKEND. APPLICANTS WILL RECEIVE AN INVITATION TO ATTEND BY A TELEPHONE CALL AS SPACE IS AVAILABLE ON A WEEKEND.

DUE DATES FOR APPLICATIONS: 1st for fall walks January 1st for spring walks , August

Have you explained the Walk to Emmaus program to your applicant? _____ Yes _____ No

Have you explained the importance of the "follow-up" programs (Fourth day, group reunions, gatherings)? _____ Yes _____ No

Will you assist your pilgrim in attending the Day of Deeper Understanding and first gathering after the weekend? _____ Yes _____ No

Signature of Sponsor _____ Date _____

Return Two Copies of Page 1 & 2 of this Application with the Pilgrim's \$100.00 Non-Refundable Processing Fee to:

Emmaus of the Albemarle, Inc. Pre-Weekend Coordinator

PO Box 1700 Kitty Hawk, NC 27949

For Administrative use only:

Date complete Application received: _____

Deposit Fee: Date Received _____ Check # _____ Dated _____

Spouse's application received? _____ N/A _____ No _____ Yes

Date _____ Applicant contacted to attend Walk # _____ Accepted _____ Yes _____ No: Date _____

Pilgrim confirmaton leter sent: Date _____ Sponsor letter sent: Date _____