

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 \_\_\_\_\_

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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 \$50.00 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 \$50.00.** Once the applicant has been confirmed to attend a weekend, you, as sponsor, will receive a letter requesting the remaining sponsorship fee of \$175.00. 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 GUARRANTEE 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.**

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 \$50.00 Non-Refundable Processing Fee to:**

**Emmaus of the Albemarle, Inc.**  
Pre-Weekend Coordinator  
**920 S. SANDYHOOK ROAD**  
**SHILOH, NC 27974**

### **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 confirmation letter sent: Date \_\_\_\_\_ Sponsor letter sent: Date \_\_\_\_\_