# EMMANUEL EMMAUS (To be filled out by applicant and sponsor)

Pilgrim Application: Applying for : 20_____ Spring____ Fall____ Women's Walk _____ Men's Walk _____

Name_____ Name desired on name tag_____

Address_____ City_____ State_____ Zip_____

Cell (_____)_____ Email Address_____

Marital Status: _____ Age_____ Sex_____

Emergency Contact_____ Phone # (_____)_____

Church/Town now attending_____Pastor Name & Email_____

Religious/Community Organizations you are active with_____

Have these been explained to you? The Walk to Emmaus____ Follow-up___ Reunion Group___ No phone or watch___

Health problems/physical handicaps that may affect your

attendance?_____ Please list any medical needs (ex. Outlet for CPAP,

etc…)_____

Can you? Climb stairs_____ Sleep in top bunk_____ Any Food Allergies?_____

Please circle any food restrictions you have: Gluten Free Diabetic Dairy Free Vegetarian

If you need medicine at specific times other than morning, evening or with meals, please let us know at camp.

State briefly why you wish to attend a Walk to Emmaus, and what you expect from

it_____

_____

**I commit to the full 72 hour weekend if accepted for The Walk to Emmaus.**

Applicant's Signature_____ Date_____

**Sponsor Application**:
Name of Sponsor:_____ Has sponsor been on Walk to Emmaus?_____

Sponsor Phone #_____ Sponsor Email_____

Is Pilgrim active in church? _____ If pilgrim is married, is spouse attending?_____ If not, have you made sure they understand it is recommended for both to attend? We don't ever want this experience to create a divide.

I have read the sponsor responsibilities and agree to support my candidate before, during and after the walk and I

have Participated in sponsorship training.
Sponsor Signature_____ Date_____