

Green Country Walk to Emmaus

Pilgrim Application

Pilgrim Applicant: Please print & provide all information requested. (Spouse completes separate application)

Name: _____

Address: _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____ Email Address* _____

*For Emmaus use only & to receive GCWE Newsletter

Name preferred for Name Tag _____ DOB _____ Age _____

Marital Status: Single _____ Married _____ Divorced _____ Widowed _____ Separated _____

Spouses Name: _____ Does your spouse plan to attend the same set of walks? _____

Vocation _____ Company _____

Do you have health or physical limitations that may affect your participation during the Emmaus Walk? _____

If yes, specify

(If necessary, use other side of application for further explanation.)

Do you have medically required dietary restrictions? _____ if yes, please explain

State briefly why you wish to attend an Emmaus Weekend and what you expect from the experience: _____

Name & denomination of the church you are now attending: _____

Minister's Name _____ Minister's Signature _____

Has the following been explained to you about Emmaus?

72 Hr. Emmaus weekend _____ Items to bring _____ Items not to bring _____
Fourth Day Meeting _____ Reunion Groups _____ Monthly Gatherings _____

Emergency Contact Name _____ Relationship _____ Emergency Contact Phone _____

I intend to participate in the Walk to Emmaus (Thursday evening through Sunday evening)

Pilgrims Signature: _____ Date _____

Sponsor's Name _____

Please enclose your non-refundable deposit of \$50.00/pilgrim. This will be applied toward your contribution of \$100.00 which partially offsets the expenses of your weekend. Make checks payable to Green Country Walk to Emmaus (GCWE).

OFFICIAL USE ONLY	
Walk Number _____	Date _____ to _____ (6:30 p.m. Thursday through 6:00 p.m. Sunday).
Paid Deposit _____ Amount _____	Acceptance Letter Mailed _____ sponsor Letter mailed _____