

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 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 \$40.00/pilgrim. This will be applied toward your contribution of \$85.00 which partially offsets the expenses of your weekend. Make checks payable to Green Country Walk to Emmaus (GCWE).

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