

Green Country Walk to Emmaus

Pilgrim Application

Walk Number _____ Date _____ to _____ (6:30 p.m. Thursday through 6:00 p.m. Sunday)

TO BE FILLED OUT BY THE PILGRIM: Please print & provide all information requested.

(Spouse completes separate Application)

Name _____ Address: _____

City _____ State _____ Zip _____ Phone: () _____

Name you want on your name tag _____ Age _____ Month of Birth _____

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

Spouse's Name _____ Does your spouse plan to attend the same set of walks? _____

Name of a closest relative _____ Phone () _____

Are you on a special diet? _____ If so, what? _____

Education (Highest Level): Elementary _____ High School _____ College _____ Graduate School _____

Vocation _____ Company _____

Do you have health or physical limitations that may affect your attendance at an Emmaus Walk? _____

If yes, specify: _____

(Use other side of application for further explanation, if necessary)

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

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

Minister's Name: _____

In what religious organizations are you active? _____

Has the following been explained to you about Emmaus?

72 hr Emmaus weekend _____ Items to bring for the weekend _____ Items not to bring _____

Fourth day meeting _____ Reunion groups _____ Monthly gatherings _____

I intend to be present for the Walk to Emmaus (Thursday evening through Sunday evening)

Pilgrim's Signature: _____

Date _____ Sponsor's Name: _____

Please enclose your non-refundable deposit of \$30.00/pilgrim. This will be applied toward your contribution of \$70.00/pilgrim which partially offsets the expense of your weekend. Make the checks payable to Green Country Emmaus. Thank you.

OFFICIAL USE ONLY

Paid deposit _____ Amount _____ Date _____ Acceptance letter mailed _____ Sponsor letter mailed _____