

All fields marked with an asterisk are required.

PERSONAL INFORMATION	*	Nama for Nam	o Tog.	
Name:	*	Name for Nam	e lag.	
*Address: *City:	*	Gender: Male	remate	*7:
*City:*Home Phone:	+life rate Discussion	State:	*C-11 Dhama	Z1p:
*Home Prione:	^work Phone:	Dinth Data	"Cell Phone	·
Email:		Birth Date:		Age:
*Occupation:	·······························	Employer:		
Marital Status: M S D	W Separated	Number of Ch	ildren:	
Your Spouse's Name:	*	Sponsor's Na	me:	
Has your spouse attended a V	Valk? Yes No Wh	ere?	When? _	Walk #
Will you be present for ent	ire weekend: Yes	No*Snore?	Yes No	_*Smoke? Yes No
Have these been explaine				
'Emmaus Weekend? Yes No*F	Follow Up? Yes No	*Reunion G	roups? Yes_	No
State briefly why you want t	to be involved in t	he Emmaus Co	mmunity and	what you expect
from your Walk experience:				
·				
MEDICAL INFORMATION				
The Walk to Emmaus is a long	and often intense t	nree-day expe	rience. Have	e the demands of the
weekend been explained to you				
your participation in ALL par				
Do you require any physical a				
Do you have difficulty hearin				
during the day (other than at				
needs you may have: (Vegetari				
needs you may have. (vegetail	all of meats for utal	detics are pro	ovided if it	equested in advance.)
EMERGENCY CONTACT - OTHER	THAN SPONSOR			
Name:	*Relationshin:		*Phon	е.
YOUR SIGNATURE:	*DATE	:		
You must be sponsored on your		•		
MUST complete and sign the Sp				
\$275.00 and MUST ACCOMPANY TH				
Emmaus. In the event you must	cancel, please not	ify your spon	sor and the	Registrar as soon as
possible so that you may be r	escheduled, and you	r slot can be	opened for	another pilgrim.
THIS SECTION TO BE COMPLETE	D BY APPLICANT'S P	ASTOR		
The Walk to Emmaus is a spiri	tual renewal progra	n intended to	strengthen	vour local church
through the development of Ch				
considers the model of Christ				- · ·
appropriate to being "a serva		_		-
for an Emmaus Weekend?*Yes		opinion, 13	ciirs apprice	ant a good candidate
			- + i m - i - + 1	oois life2*Ves No
Do you feel this person shoul	d attend a walk to	tmmaus at thi	s time in ti	ieir Lite?"Yes No
Pastor's Name:		"litle:		
Church Name:		Denominat	ion:	4
Church Address:		* City		*ST
Pastor's Name: Church Name: Church Address: Zip*Church Phone #	:	* Email:		
*Pactor's Signature:		*Da+a+		Have you attended :
Pastor's Signature:				_ Have you attended a
Walk to Emmaus Weekend?*Yes Are you interested in working				MIICII!
ALA VOIL IIIIALASTAO IN WORKING	an Fillians Weekenn/	1 H > N(1)		

In accordance with the policies and procedures established by the Golden Spread Emmaus Board of Directors, we ask that you take special note of all questions on this Pilgrim Application. The Board has directed the Registrar to return any applications in which all questions are not fully answered and to request additional information before accepting the application.

INFORMATION REGARDING YOUR CHURCH MEMBERSHIP

Because Emmaus is not intended to make disciples, but rather strengthen those who are already disciples, persons accepted for a Walk to Emmaus are expected to be ACTIVE members of a CHRISTIAN congregation. ALL EXCEPTIONS TO THIS POLICY must be approved in advance by the Community Spiritual Director(s), please make note of this before you send the application in. Otherwise the form may be returned.

Persons who are members of one congregation but are actively attending another congregation should confront the

issue where GOD is calling them to service and make a commitment to a worshipping community before applying for a Walk to Emmaus, so that they are ready to participate FULLY in that community upon their return from the Walk to Emmaus.

HAS THE WALK TO EMMAUS BEEN EXPLAINED TO YOU? Make sure you are fully aware of what the Walk to Emmaus is all about, if you have a question, please ask your sponsor for more information. Your sponsor should not sign their Sponsor form until he/she has explained Emmaus and its follow up to you.

INFORMATION ON SPECIAL NEEDS

It is especially important to know if you have any special needs or challenges. It is rare that any such need cannot be met, but so that you can participate fully in the Walk to Emmaus, we would like to know as far ahead as possible, so we can make your Walk a fulfilling experience for you. NONE OF THIS INFORMATION WILL BE RELEASED EXCEPT TO THOSE RESPONSIBLE FOR MEETING YOUR NEEDS.

SIGNATURES REQUIRED ON THE FORM

There are three signatures that are REQUIRED for a pilgrim reservation on the Walk to Emmaus. All signatures must be present or the form will be returned to you for completion. IT IS THE RESPONSIBILITY OF THE SPONSOR TO SEE THAT THESE SIGNATURES ARE ALL PRESENT!

- 1. YOUR SIGNATURE This is your free commitment to accept God's invitation to attend the Walk. Therefore, the form must be signed by you personally, not your sponsor, spouse, friend, or parent (they cannot make such a free commitment for you)
- 2. YOUR PASTOR'S SIGNATURE This signature is the commitment of the clergy member of the congregation that you serve to work with you in developing your service to God after the walk. The clergy member does not have to have been on a walk him/herself, however, the Walk is not intended to bypass or usurp the authority of the pastor of your congregation in any way. IF your pastor is opposed to your attending a Walk, it will be difficult for you to serve effectively after your walk, and you may feel frustrated and discouraged. Your SPONSOR or the Spiritual Director of the Community may contact the Clergy member if he/she is hesitant or uncertain.
- 3. YOUR SPONSOR'S SIGNATURE This is your sponsor's commitment to both you and to the Emmaus Community, that he/she is willing to help you prepare for your walk, care for your family while you are away, and help you become more active in service after the Walk. This signature emphasizes the great importance the Walk to Emmaus places on your sponsor.