

**ATHENS AREA WALK TO EMMAUS**

*For the development of Christian leaders*



<b>OFFICE USE:</b>	
Date Received	_____
Walk: M	_____ W _____
Deposit Received	_____
Check #	_____

**MEN'S WALK** ( \_\_\_\_\_ )

**WOMEN'S WALK** ( \_\_\_\_\_ )

**APPLICANT NOTE:** This is only an application. Notification of your acceptance for the weekend will be made by mail approximately 6-8 weeks before the Walk to Emmaus weekend. **ALL PARTS OF THIS APPLICATION MUST BE COMPLETED.** After you have completed your part of the application and obtained your pastor's signature, please return the application to your sponsor. The information you provide will be kept confidential and only used to assist us in planning your weekend.

**PLEASE PRINT:**

Name: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Bus Phone: ( ) \_\_\_\_\_ Marital Status: \_\_\_\_\_ Age: \_\_\_\_\_

Name you wish on your nametag: \_\_\_\_\_ Occupation: \_\_\_\_\_

Church you attend: \_\_\_\_\_ Member: \_\_\_\_\_ Visiting: \_\_\_\_\_

Has your spouse attended a Walk To Emmaus Weekend? \_\_\_\_\_ Where / when? \_\_\_\_\_

Have you applied previously to Athens Area Walk to Emmaus? \_\_\_\_\_ If so, when? \_\_\_\_\_

**Important:** Are you currently on a special diet, medication or have any special physical needs? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Nearest relative or contact: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Pastor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Pastor's Name in PRINT \_\_\_\_\_

Pastor's address & phone: \_\_\_\_\_ ( ) \_\_\_\_\_

**NOTE: A \$25.00 NON-REFUNDABLE APPLICATION FEE MUST ACCOMPANY THIS APPLICATION. THE BALANCE OF \$100.00 WILL BE DUE AT REGISTRATION AND SEND-OFF.**

**SPONSOR:** Emmaus is a method of Christian renewal in the Church, and individuals recommended for Emmaus should currently be active in their local church. They should have a desire to deepen their faith and come closer to **Christ**. As a sponsor you are required to provide information to applicants to assist them in their decision, and to help them enter fully into the Emmaus fellowship after the weekend. This includes transportation to the send-off site and home from the walk site. **I have carefully read the above statement and the attached guidelines for sponsorship. I have followed the guidelines regarding the Equal Commitment Rule and if this pilgrim's spouse does not want to attend the Walk to Emmaus at this time, a written statement to this effect is attached to this application. (ATTACHMENT: YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_)**

**Sponsor's signature:** \_\_\_\_\_

Sponsor's name (print): \_\_\_\_\_ Date: \_\_\_\_\_

Sponsor's address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Bus Phone: ( ) \_\_\_\_\_ E- Mail: \_\_\_\_\_

Church attending: \_\_\_\_\_ Member: \_\_\_\_\_ Visiting: \_\_\_\_\_

EMMAUS "type" movement you attended: AAWTE # \_\_\_\_\_ or \_\_\_\_\_

**I participate in a small Christ-centered group during the course of the week.** YES \_\_\_\_\_ NO \_\_\_\_\_

**I have a plan for getting my Pilgrim involved in a weekly, small Christ-centered group.** YES \_\_\_\_\_ NO \_\_\_\_\_

Mail to: **Kathy Whitaker — 260 Birch Valley Drive, Athens GA 30605 — 706.207.5596 —**