

APPLICATION

To Attend an Emmaus Weekend

For Walk TW ____

Name: _____ Name you would like to be called: _____

Address: _____

City: _____ State: _____ ZIP: _____

E-Mail: _____ Birth Date: _____

Preferred contact phone number: _____

Occupation: _____

Sex: M / F Marital Status: _____ Spouse's First Name: _____

Sponsor's Name: _____

PLEASE READ THIS NEXT PARAGRAPH VERY CAREFULLY

*Your Emmaus experience will involve physical activity to include walking (indoors and outdoors on "trails"), climbing stairs, periods of sitting, and outdoor activities. You may wish to consult your physician to verify that you should participate in such activities before you complete this application. If you need assistance such as a wheelchair, walker, or other device, let us know **in this application**. If you have dietary restrictions or special needs, please tell us about them **in this application**.*

Do you have any physical handicaps or limitations that may affect your participation in this weekend? Yes / No

If so, please specify: _____

Do you use/need a wheelchair, walker or other device? Yes / No - Specify: _____

Are you on a special diet/medication? Yes / No - Specify: _____

Do you play a musical instrument? If so, what? _____ (please bring it with you)

Church you attend: _____ Minister: _____

City: _____ State: _____ Zip: _____

Church organizations with which you work: _____

Please give a brief, frank statement about why you would like to attend an Emmaus weekend, what you expect from it and anything about yourself and your faith you wish to share: _____

- **This application must be accompanied by a non-refundable \$75.00 deposit.** Make check payable to Tidewater Emmaus.
- There are no additional costs to you for the weekend. Other weekend expenses are being underwritten by gifts from individuals who have experienced a weekend and wish to share it with you.
- This is only an application. Notification of your acceptance for a weekend will be made by phone and mail/email about one month before the actual weekend (dates are at the top of this page).
- All contact information will be for Emmaus use only.
- **After you have completed this application, please return it to your sponsor. Be sure to include your \$75.00 deposit check.**

Signatures:

Applicant: _____

Sponsorship Application

For Walk TW _____

SPONSORS: Please read the following statement carefully and give it prayerful consideration:

Emmaus is a method for Christian renewal in the church. Individuals recommended for Emmaus should be currently active in a local church and have a desire to deepen their faith and to become closer to Christ in their discipleship. As a sponsor, you are required to provide information to assist him/her in the decision to attend a weekend; to help him/her to enter fully into the Emmaus fellowship AFTER the weekend; to provide prayer and other support (including financial); and, to provide transportation to/from the Emmaus weekend. *Sponsors should remember that an Emmaus experience involves some substantial physical exertion (walking, stairs, sitting for long periods, outdoor activities, etc.). Candidates may need to be evaluated by their physician before attempting an Emmaus experience. If your candidate has special needs because of physical/medical limitations, please make those needs clear in this application, including special dietary/medication needs/restrictions.*

Pilgrim's Name: _____

Sponsor (S): _____

Are you a first time Sponsor? _____ Please be prepared for the costs of the weekend.

Address: _____

City: _____ State: _____ ZIP: _____

Home Ph: _____ Cell Ph: _____

Work Ph: _____ E-Mail: _____

Church membership: _____ Minister: _____

City: _____ State: _____ Zip: _____

What type of weekend (Emmaus, Chrysalis, etc.) and where did you attend (list Walk #): _____

Candidate Information to be filled out by Sponsor:

Is candidate clergy? **Yes** _____ **No** _____

Has candidate's spouse attended a weekend? **Yes** (when/where) _____; **No** _____

Has candidate's spouse applied for a weekend? **Yes** (when/where) _____; **No** _____

Sponsor's Signature: _____ Date: _____

Please mail completed Pilgrim candidate application with \$75.00 deposit along with the Sponsor's application with \$200.00 fee (Sponsor's fee is refundable up to 10 days prior to the Walk) to:

Tidewater Emmaus
P.O. Box 61485
Virginia Beach, VA 23466-1485

or email to: twesponsorship@gmail.com

For Admin Use Only

Date application received: _____

\$75 Deposit received from: _____

\$175 Sponsor Deposit received from: _____

Date applicant notified of application receipt: _____

Date and response to Walk invitation: _____

Date of Walk confirmation (email or letter) communication: _____