

Emmaus: for the renewal of the church of Jesus Christ through the development and renewal of Christian leaders

Greater Findlay Area Emmaus Community

Pilgrim Application

Application for: ___ Men's Walk ___ Women's Walk

Name:

Age Range:

Address:

City:

State:

Zip Code:

Home Phone: ()

Work Phone: ()

E-Mail:

Marital Status: ___ M ___ S ___ D ___ W ___ Sep. # of Children ___ Ages:

Employer:

Occupation:

Emergency Contact: Phone: ()

Name:

Has the concept of an *equal commitment* regarding *The Walk to Emmaus* been explained to you and your spouse?

Has your spouse attended a Walk? ___ Has your spouse registered for a walk? ___

The Walk to Emmaus is designed for actively involved Christians in a local church.

Church now attending:

Address:

City:

State:

Zip Code:

Pastor's Name:

Church Phone: ()

Religious or community organizations in which you are or have been active:

The Walk to Emmaus Weekend is a 72 hour commitment. Do you have a health problem or a physical handicap that may affect your participation in the Walk?

If yes, please explain:

We strive to provide healthy, nutritious and appealing meals. If you have a medical reason for not eating a regular diet, please indicate (i.e., allergy, diabetic, etc.)

The Walk to Emmaus is for the development of Christian leaders. Has The Walk to Emmaus been explained to you?

Has the post-Walk meetings been explained to you? ___ State briefly why you wish to be involved in The Walk to Emmaus and what you expect from the weekend:

Applicant's Signature:

Sponsor's name:

All of the information requested is necessary for your proper placement in The Walk to Emmaus. Please enclose a \$20.00 deposit. This will be applied toward your total contribution of \$85.00, which partially offsets the expenses of your weekend. Make checks payable to: Greater Area Emmaus and return this form and your deposit to your sponsor.

Preferred spelling of your name on your name tag:

(example: Dave instead of David)