

WALK TO EMMAUS PILGRIM APPLICATION
New Covenant Emmaus Community

(Office Use Only) REV MAR 05	Date rec'd: _____	Dep: _____	Inv: _____	Sp: _____	Db: _____	Walk: _____
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TO BE FILLED OUT BY PILGRIM AND RETURNED TO SPONSOR (PLEASE PRINT)

Name: _____ Name wanted on name-tag: _____

Address: _____ Sex (M / F): _____

City: _____ State: _____ Zip: _____

Home phone: _____ Date of birth: _____ E-Mail: _____

Occupation: _____ Work Phone: _____

Church & denomination: _____ Pastor: _____

Address of Church: _____ State: _____ Zip: _____

Religious/community organizations you are involved in: _____

Spouse's name: _____ Has spouse attended a Walk? _____

Have these been explained: Emmaus Walk? _____ Follow-up? _____ Reunion Group? _____

Describe any special diet or medication you may be on: _____

Describe any health or physical problems that may affect your Walk: _____

Briefly state why you decided to attend a Walk to Emmaus: _____

TO BE FILLED OUT BY SPONSOR AND MAILED TO REGISTRAR (PLEASE PRINT)

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home phone: _____ Work phone: _____ E-mail: _____

Church & denomination: _____ Reunion Group: _____

Date, location and # of your walk: _____

How long have you known this pilgrim? _____

Are you familiar with the responsibilities of a sponsor? _____ Are you prepared to fulfill those responsibilities? _____

Comments (use reverse side if necessary): _____

Total cost for 3 day Walk to Emmaus is \$100. A non-refundable deposit of \$30 is required to be placed on the waiting list. An invitation will be sent informing you of your exact walk date. Mail the completed application with deposit to :

New Covenant Emmaus Community
P.O. Box 442
Ardmore, TN 38449.

For more info e-mail: Registrar@newcovenantemmaus.com

Note: This form may also be submitted by e-mail or fax; however, application will not be considered complete until both the form and the deposit have been received by the registrar.