

WALK TO EMMAUS PILGRIM APPLICATION
New Covenant Emmaus Community

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

ALL INFORMATION MUST BE PROVIDED

Name: _____ Name wanted on name-tag: _____

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

Sex (M / F): _____ Home #: _____ Cell #: _____ Work #: _____ DOB: _____

E-Mail: _____ Occupation: _____

Church & denomination: _____ Pastor: _____

Address of Church _____ City: _____ State: _____ Zip: _____

Spouse's name; _____ Has your spouse attended a Walk? _____

Emergency name & contact number _____

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

Do you require any physical assistance or special bunking requirements (upper or lower bunk, electrical outlet, etc.) at the camp _____

Do you take any medications other than at bedtime, rising or mealtimes? _____

List any dietary needs or restrictions: _____

Are you willing to give up your watch, cell phone and ALL other Electronic Devices for the entire 72 hours? _____

In consideration of the opportunity to participate in the New Covenant Walk to Emmaus, I hereby release the New Covenant Emmaus Community, its officers, agents, any employees, staff and volunteers from any and all liability of any kind whatsoever for any loss or injury to myself arising from my participation in any New Covenant Walk to Emmaus or other community activity. I agree to indemnify and hold forever harmless the New Covenant Emmaus Community, its officers, agents, employees, staff, and volunteers from any and all liability of any kind whatsoever, including loss or injury resulting from negligence or gross negligence.

AGREED to this the _____ day of _____, 20____. Signature: _____

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

Name: _____ Home #: _____ Cell #: _____ Work #: _____

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

E-mail: _____

Date, location and # of your walk: _____

Church & Denomination: _____ Reunion Group: _____

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): _____

The total cost for the three day Walk to Emmaus is \$125.00. A non-refundable deposit of \$30.00 is required to be placed on the waiting list. The remainder of the cost is due no later than Thursday at Walk registration. An invitation will be sent informing you and the Pilgrim of the exact walk date. Mail this completed application with deposit to:

New Covenant Emmaus Community, Emmaus, 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.