

WALK TO EMMAUS PILGRIM APPLICATION
New Covenant Emmaus Community

(Office Use Only)	Date rec'd:	Dep:	Inv:	Sp:	Db:	Walk#:
--------------------------	-------------	------	------	-----	-----	--------

THIS SECTION IS TO BE COMPLETED BY THE PILGRIM AND RETURNED TO THE SPONSOR (PLEASE PRINT)

Full Name: _____ Name for your name tag: _____

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

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

E-Mail: _____ Pastor: _____ Church & denomination: _____

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

Your pastor's approval is required for you to attend a Walk. **PASTOR'S SIGNATURE:** _____

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

Emergency contact name: _____ Emergency Contact #: _____

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

Will you need physical assistance at the Camp? [] YES [] NO. Bottom bunk required? [] YES [] NO. Bringing a CPAP? [] YES [] NO.

If yes, what kind of physical assistance will you need? _____

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: _____

THIS SECTION IS TO BE COMPLETED BY THE SPONSOR AND MAILED TO THE REGISTRAR (PLEASE PRINT)

Name: _____ Home #: _____ Cell #: _____

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? _____ Please provide any additional comments on the back of this form.

The total cost for the three-day Walk to Emmaus is \$175.00. A non-refundable deposit of \$50.00 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.** Payments may also be made at <https://newcovenantemmaus.com/making-payments/>

Enter the amount that will be paid electronically for this Pilgrim here: \$ _____

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

WALK TO EMMAUS PILGRIM APPLICATION
New Covenant Emmaus Community

New Covenant Emmaus Has the following items for sale.

The NCEC has custom printed T shirts, sweatshirts, and caps for sale (see below).

If you would like to purchase one of the following items, please include a separate check for the item(s) you wish to purchase and circle the size you need.

Your item(s) will be given to you at the walk.

T Shirts (Gray) - \$20.00: Circle the size you wish to purchase.

Small Medium Large XLarge 2X Large 3X Large

Sweatshirts (Gray) - \$25.00: Circle the size you wish to purchase.

Small Medium Large XLarge 2X Large 3X Large

FRONT:



BACK:



Caps (Khaki w/Black bill) - \$20.00 Adjustable size.



Name: _____

Phone #: _____

My Purchases:

T Shirts \$ _____

Sweatshirts \$ _____

Caps \$ _____

My Total \$ _____

Check # _____