Lake Cumberland Area WALK TO EMMAUS PILGRIM APPLICATION

Please Print Clearly

APPLICANT INFORMATION

One Application per Person

NOTE: This is only an application. Notification of your assigned weekend will be made by mail or by e-mail. After you have completed your part of this application, please give it to your sponsor. All information will be kept confidential. Incomplete applications will be returned. Placement will be made based upon date received, availability of space and discretion of the Emmaus board. Please list an address & number where you can be reached.

| Name (as you wish printed on your name button) |
|---|
| Mailing Address |
| Phone () Date of Birth Marital Status Gender M or F |
| E-mailYour Occupation |
| Your Church Member Visiting Pastor's Name |
| <i>If applicable:</i> Spouse Name Spouse Cell # () |
| ls your spouse applying to attend the "adjacent" walk? Yes / No Has your spouse already attended a walk? Yes / No |
| Lake Cumberland Area Emmaus WALK TO EMMAUS |
| ☐ Men's Walk Spring / Fall ☐ Women's Walk Spring / Fall |
| Check either Men or Women walk. Then, circle Spring or Fall. Married couples are encouraged to atter consecutive weekends if possible. I <mark>f you cancel less than 10 days prior to your assigned walk, it will be necessa</mark> to re-apply unless you request that your application be transferred to the next walk. |
| |
| MEDICAL INFORMATION / SPECIAL NEEDS |
| Please list any physical limitations or restrictions that we would need to know about. |
| Do you take any medications? Yes / No List: |
| Diagnosed food allergies or special dietary needs? Please list for the kitchen |
| Personal Reflection |
| Why do you wish to attend this walk? What do you hope to receive? |
| Emergency Contact - OTHER THAN SPONSOR or SPOUSE |
| Name |
| RelationshipPhone ()_ |
| APPLICANT'S SIGNATURE |
| Applicant SignatureDate |
| COMPLETED APPLICATIONS |

You must be sponsored on your Walk by someone who has completed a Walk to Emmaus, Chrysalis, or similar weekend. After you have completed this application, please give it to your sponsor.

YOUR SPONSOR MUST COMPLETE AND SIGN THE REVERSE SIDE OF THIS FORM.

Please check one: \$\Bigcup \text{\$110.00 enclosed (paid in full)}\$ \$\Bigcup \text{\$30.00 enclosed (required with application to hold spot).}\$ NOTE: Sponsor balance of \$90.00 due at registration prior to Send-Off.

SPONSOR: Mail completed application to:
Kayla Glover
102 Sherwood Lane
Edmonton, KY 42166

Questions? Call or text (270) 670-5215

| TO BE COMPLETED BY SPONSOR - <u>ALL</u> blanks <u>MUST</u> be completed | Please Print Clearly |
|---|---|
| Sponsor's Name | |
| Street Address / City | State Zip |
| List numbers that you can be reached at: Phone () | Cell Phone () |
| E-mail Address | |
| Name and location of Church you are now attending: Your Pastor's name: | |
| | |
| Do you attend regularly? Light No | |
| Where did you attend your Walk to Emmaus Your Walk # | |
| Tour wark # | |
| Please verify the following statements are true by placing a check in each | box preceding the statement. |
| If applicable, I have discussed the walk with my pilgrim's spouse. | |
| I believe the candidate has the physical/mental health needed for an I | Emmaus Walk. |
| ☐ I am praying for my pilgrim. | |
| I have explained the Emmaus Walk to my pilgrim. | |
| I understand that I am to bring my pilgrim to the location of walk on T | hursday for sendoff at 6:00 pm EST. |
| I will assist my pilgrim's family while he/she is on the walk. | |
| I will attend candlelight service. | |
| I will gather agape letters. | |
| I will attend closing service. | |
| I will accompany my pilgrim to the follow-up service following my pil | grim's walk. |
| I will assist my pilgrim in getting established into a reunion group af | ter the walk. |
| EMMAUS is a method of Christian renewal in the church. <u>Individual currently active in a local church and have a desire to depen their fa discipleship.</u> As a sponsor, you are required to provide information decision to attend a weekend, to help him/her enter fully into the Emmaus prayer and other support, and to provide transportation to and from the chusband and wife to attend Emmaus. As a sponsor, your signature is member of the Emmaus Community. | ith and become closer to Christ in their to the applicant to assist him/her in the s fellowship after the weekend, to provide camp. Please be sure to encourage BOTH |
| Sponsor SignatureDate: | |
| Pilgrim Name | |