

**NORTH CENTRAL WEST VIRGINIA WALK TO EMMAUS  
PILGRIM APPLICATION**

**PILGRIM INFORMATION**

Name Dr. Mr. Mrs. Ms. Rev. _____		Name to appear on your name tag		Birth date / /	
Address					
City			State		ZIP
Home Phone		Work/Cell Phone		e-mail	
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated		Spouse's Name		Number of children Ages:	
Employer			Occupation		
Type of Diet: <input type="checkbox"/> Regular <input type="checkbox"/> Diabetic <input type="checkbox"/> Other – please specify <input type="checkbox"/> Vegetarian <input type="checkbox"/> Low salt				Do you smoke? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If you need reminded to take medications at a time other than meals or bed time, please list that time:					
Do you have any physical limitations that may affect your participation in the weekend's activities? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:					
Emergency contact other than your sponsor Name			Phone		
Church you currently attend			Denomination		
Pastor					
Pastor's Address			City		State
ZIP					
In what other Christian organizations are you now active?					
Has the Walk to Emmaus been explained to you? <input type="checkbox"/> Yes <input type="checkbox"/> No			Has the follow-up program of reunions and gatherings been explained to you? <input type="checkbox"/> Yes <input type="checkbox"/> No		
State briefly why you wish to be involved in the Emmaus community and what you expect from the weekend.					
Signature _____ Date _____					

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**SPONSOR INFORMATION**

**NOTE: You must have attended a Sponsors Workshop to be eligible to sponsor a pilgrim. If you have not done so, please contact the Community Lay Director for arrangements.**

Pilgrim Name				For Weekend (Date)			
Sponsor Name				Sponsor Phone			
Address		City		State		ZIP	
Church you attend				Denomination			
Date of your Weekend				Type			
When did you attend your sponsor's workshop?				Where was your sponsor's workshop?			
Are you now in a Reunion Group?				Name of Reunion Group			
I am willing and able to help my pilgrim join a reunion group after his/her walk.						Initial	
I am willing to provide transportation for my pilgrim to and from the walk.						Initial	
I am willing to participate in the events for sponsors; Send Off, Sponsor's Hour, Candlelight & Closing						Initial	
I am willing to care for the needs of my pilgrim's family during the walk.						Initial	
<p>If your pilgrim is married, have you discussed the <i>Walk to Emmaus</i> with his /her spouse? _____            Note: If your pilgrim's spouse is a believer, they should be invited to attend; please submit a separate application for them. If the spouse is not a believer, they should not be invited, but should be explained the weekend and after weekend community activities to be in agreement with their spouse's attendance. Will the pilgrim's spouse be attending? _____            If not, why? (not a believer, doesn't desire, etc.)</p>							
Please meet with the pilgrim's pastor to explain the <i>Walk to Emmaus</i> and have them sign as follows:							
<p><b>PASTOR'S ACKNOWLEDGEMENT:</b>            "The <i>Walk to Emmaus</i> has been explained to me I and concur with the pilgrim's readiness to attend."            Signature of Pilgrim's Pastor _____ Date _____</p>							
<p>A non-refundable deposit of \$25 must accompany this application. The \$75 balance is due by the beginning of the Walk. If you prefer, total payment may be remitted at the time of the application. In the event it is not possible to assign your pilgrim to a weekend, payment will be returned. Please make checks payable to <b>NCWV Emmaus</b>.</p>							
Signature of Sponsor _____						Date _____	