



**NORTH GEORGIA WALK TO EMMAUS
2009 APPLICATION TO ATTEND A WALK**

| | |
|------------------------|-------|
| Office Use Only | |
| Date Received: | _____ |
| Asg. Letter: | _____ |
| Conf. Letter: | _____ |
| Walk Assigned: | _____ |
| Amount: | _____ |

THIS SECTION TO BE COMPLETED BY APPLICANT **Please Print Clearly**

NOTE: This is only an application. Notification of your assigned weekend will be made by mail. All information requested is necessary for your proper placement on a Walk to Emmaus Weekend. Placement will be made based on date received at the NGWTE office and availability of space.

Check these dates carefully, then mark your first and second choice with a (1) and (2). Married couples should attend consecutive weekends.

- | | | |
|---------------------------------|---------------------------------|----------------------------------|
| Men's 134 March 5-8 _____ | Men's 135 March 19-22 _____ | Men's 136 April 16-19 _____ |
| Women's 166 March 12-15 _____ | Women's 167 March 26-29 _____ | Women's 168 April 23-26 _____ |
| <hr/> | | |
| Men's 137 September 24-27 _____ | Men's 138 October 8-11 _____ | Men's 139 November 5-8 _____ |
| Women's 169 October 1-4 _____ | Women's 170 October 15-18 _____ | Women's 171 November 12-15 _____ |

First Name _____ Last Name _____

First Name (as you want it on your nametag) _____ Age _____ Date of Birth _____

Mailing Address _____ City _____ State _____ Zip _____

Home Phone (____) _____ Business Phone (____) _____ Cell Phone (____) _____

Occupation _____ E-mail _____

Marital Status (Circle one): Married Single Separated Divorced Widowed Has spouse attended Emmaus? _____

Is spouse attending adjacent walk? _____ Spouse's Name _____

Medical Information – MUST BE COMPLETED

Please list any physical limitations or restrictions that we would need to know about? _____

Do you take any medications during the day (other than "at bedtime" or "upon arising")? _____

Please specify any special dietary needs you would need us to provide: _____

Emergency Contact OTHER THAN SPONSOR OR SPOUSE

First Name: _____ Last Name: _____ Relationship: _____

Primary Phone (____) _____

Your Signature: _____ **Date:** _____

You must be sponsored on your Walk by someone who has completed a Walk to Emmaus, Cursillo, Chrysalis, Tres Dias, 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.

The fee to attend the Walk to Emmaus is **\$100**. Checks should be made payable to **NGWTE**. If you cancel less than 10 days prior to your assigned walk, it will be necessary to re-apply with a new \$100 fee. In the event you must cancel, please have your sponsor notify Registration as soon as possible so that you may be rescheduled. Please give this completed form to your sponsor. Sponsors should check this form for completeness and mail it with the fee to:

- \$100 Registration Fee Enclosed
- \$100 Fee will be sent upon receipt of assignment letter.

Kelda Williams
NGWTE Registration
78 Autumn Woods Dr.
Dallas, GA 30157
770-443-2810

Email: registration@ngwte.org
NGWTE Registration Toll Free Fax:
1-866-785-4715

***Fee may also be paid via PayPal by visiting the NGWTE website. www.ngwte.org**

Sponsor's First Name _____ Sponsor's Last Name _____
 Street Address _____ City _____ State _____ Zip _____
 Home Phone (____) _____ Business Phone (____) _____ Cell Phone (____) _____
 E-mail Address _____
 Name and location of Church now attending: _____ Do you attend regularly? _____
 Where did you make your Walk to Emmaus? _____ When? _____ #: _____

Please verify the following statements are true by placing a check on each blank preceding the statement.

- _____ If applicable, I have discussed the walk with my pilgrim's spouse and encouraged the spouse to attend the adjacent weekend.
- _____ 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 King's Retreat on Thursday for send off at 7:00 pm.
- _____ I will accompany my pilgrim to the first gathering following my pilgrim's walk.
- _____ I will assist my pilgrim in getting established into a reunion group after the walk.
- _____ I have read the sponsorship information provided on the website - www.ngwte.org.
- _____ I understand the importance of minimal contact with my pilgrim during the weekend, especially if the candidate is my spouse.

EMMAUS is a method of Christian renewal in the church. Individuals recommended for Emmaus should be currently active in a local church and have a desire to deepen their faith and become closer to Christ in their discipleship. As a sponsor, you are required to provide information to the applicant to assist him/her in the decision to attend a weekend, to help him/her enter fully into the Emmaus fellowship after the weekend, to provide prayer and other support, and to provide transportation to and from King's Retreat. Please be sure to encourage BOTH husband and wife to attend Emmaus. As a sponsor, your signature is a covenant to a vital responsibility as a member of the Emmaus Community.

Sponsor's signature: _____ Date: _____

PARTICIPANT'S CHURCH AND PASTOR INFORMATION. PLEASE PRINT CLEARLY

The focus of Emmaus is God as known in Jesus Christ and how that finds expression in the local church. The objective of the Walk to Emmaus is to inspire, challenge, and equip local church members for Christian action in their homes, churches, and places of work. Emmaus lifts up a way for our grace-filled life to be lived and shared with others.

Church Name _____
 Church Address _____ City _____ State _____ Zip _____
 Church Office Phone (____) _____ Pastor's E-mail Address _____
Pastor's Signature _____ Pastor's Name _____
 Pastor's Title(i.e. Senior Pastor, Youth Pastor, Minister of Counseling) _____
 Have you attended an Emmaus or other 3-day weekend? _____
 If so, where did you make your Walk to Emmaus? _____ When? _____ Walk # _____