LAKE CUMBERLAND AREA WALK TO EMMAUS PILGRIM APPLICATION

Please Print clearly- Fill in all blanks	APPLICANT INFORMATION	One Application per Person
NOTE: Please fill in all information below		
Name (as you wish printed on your name butto	on)	
Address	City	St Zip
Home Phone ()	Cell Phone ()	
Date of Birth Marital Status	Sex E-mail	
Your Occupation		
Spouse Name	Spouse Cell # () _	
Your Church		
Is 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. Please circle Spring or Fall. Married couples are encouraged to attend consecutive weekends if possible. If you cancel less than 10 days prior to your assigned walk, it will be necessary to re-apply unless you request that your application be transferred to the next walk.		
MEDICA	L INFORMATION / SPECIAL NEEDS	
Please list any physical limitations or restrictions that we would need to know about.		
Do you take any medications? Yes or No If so please list		
rising) Yes or No if so what time would		
Do you have special dietary needs?		
Please discuss this with your sponsor as well;	our kitchen will do its best to accommodat	e you.
Emergency Cont	act – OTHER THAN SPONSOR OR SPO	OUSE
Name		
Relationship	Phon	e ()
APPLICANT'S SIGNATURE		
Applicant Signature	Date	
COMPLETED APPLICATIONS		

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

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.

Revised January 2017

Please check one: SPONSOR - Mail completed application to: ☐ \$90.00 enclosed (paid in full) Mark & Kelly Coots □\$30.00 enclosed (required with application to hold spot). 64 Selby Hopper Rd NOTE: Sponsor balance of \$60.00 due at registration prior to Send Off. Russell Springs, KY 42642 Questions? Call or text (270) 866-1528 or (270) 866-1529 TO BE COMPLETED BY SPONSOR – <u>ALL</u> blanks <u>MUST</u> be completed **Please Print Clearly** 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 you are now attending: Your Pastor's name: Do you attend regularly? Yes No Where did you attend your Walk to Emmaus? Your Walk #: 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 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 Camp Mt. View on Thursday for sendoff at 6:00 pm EST. ☐ I will ensure assistance for pilgrim's family while pilgrim is on the walk ☐ I will attend candle light service ☐ I will gather agape letters ☐I will attend closing service ☐ I will accompany my pilgrim to the follow-up service following my pilgrim's walk. ☐ I will assist my pilgrim in getting established into a reunion group after the walk. 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 the camp. 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: _____