Lake Cumberland Area WALK TO EMMAUS PILGRIM APPLICATION

Please Print Clearly	APPLICANT II	NFORMATION	One Application per Person			
NOTE: This is only an application. Notification of your a application, please give it to your sponsor. All information based upon date received, availability of space and discr	on will be kept cor	nfidential. Incomplete applica				
Name (as you wish printed on your name butt	ton)					
Address		City	St Zip			
Home Phone ()	Cell Phone (()				
Date of Birth Marital Status	Sex	E-mail				
Your Church			Member D Visiting			
Pastors Name		Your Occupation				
Spouse Name	Spc	ouse Cell # ()				
Is your spouse applying to attend the "adjacer	nt" walk? Yes /	No Has your spouse	already attended a walk? Yes/ No			
Lake Cumb	erland Area Eı	mmaus WALK TO EM	MAUS			
☐ Men's Walk Spring/Fall ☐ Women's Walk Spring/Fall						
Check either Men or Women walk. Circle Spring or Fall. than 10 days prior to your assigned walk, it will be necess						
MEDICAL INFORMATION / SPECIAL NEEDS						
Please list any physical limitations or restriction	ons that we wou	uld need to know abou	·			
Do you take any medications?						
Diagnosed food allergies or special dietary needs?						
	Personal R	eflection				
Why do you wish to attend this walk? What d	lo you hope to I	receive?				
Emergency Cor	ntact - OTHER	THAN SPONSOR OF	SPOUSE			
Name						
Relationship			Phone ()			
	APPLICANT'	S SIGNATURE				
Applicant Signature		Date	9			
•		APPLICATIONS				
You must be sponsored on your Walk by someone who has completed a Walk to Emmaus, Chrysalis, or similar weekend. <i>After you have completed this application, please give it to your sponsor.</i>						

Revised October 2018

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

Please check one:	<u>SPONSOR</u> - I	SPONSOR - Mail completed application to:			
□ \$90.00 enclosed (paid in full) □ \$30.00 enclosed (required with application to hold spot).		Genetta Kii 18 Zacks Lar	-		
NOTE: Sponsor balance of \$60.00 due at registration	prior to Send-Off.	Somerset KY	•		
TO BE COMPLETED BY SPONSOR – <u>ALL</u> blanks <u>MUST</u>			Please Print Clearly		
Sponsor's First Name	_ Sponsor's Last Name	;			
Street Address City	State	Z	p		
Home Phone () Business Phone (_) C	ell Phone ()			
E-mail Address					
Name and location of Church you are now attending:					
Your Pastor's name:					
Do you attend regularly?					
Where did you attend your Walk to Emmaus?					
Your Walk #:					
Please verify the following statements are true by placing	ng a check in each bo	x preceding the	e statement.		
\square If applicable, I have discussed the walk with my pilgrim's	spouse				
\square I believe the candidate has the physical/mental health ne	eded for an Emmaus \	Valk			
☐ I am praying for my pilgrim.					
\square I have explained the Emmaus Walk to my pilgrim.					
\square I understand that I am to bring my pilgrim to Camp Mt. V	iew on Thursday for se	ndoff at 6:00 pm	EST.		
☐ I will assist 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					
\square I will accompany my pilgrim to the follow-up service follow-	wing my pilgrim's walk.				
\square I will assist my pilgrim in getting established into a reunic	on group after the walk.				
EMMAUS is a method of Christian renewal in the church. active in a local church and have a desire to deepen their fi sponsor, you are required to provide information to the applito help him/her enter fully into the Emmaus fellowship after provide transportation to and from the camp. Please be Emmaus. As a sponsor, your signature is a covenant to a very signature of the control o	aith and become close licant to assist him/her the weekend, to prove sure to encourage	r to Christ in the in the decision to ide prayer and o BOTH husband	ir discipleship. As a control attend a weekend, ther support, and to and wife to attend		
Sponsor Signature	Date:				