

# APPLICATION

## To Attend an Emmaus Weekend

**Walk Dates:** TW-113 Men **Apr. 20 – 23, 2017**  
TW-114 Women **May 4 – 7, 2017**

TW-115 Men **Oct. 19-22, 2017**  
TW-116 Women **Nov. 2-5, 2017**

Name: \_\_\_\_\_ Name you would like to be called: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Preferred contact phone number: \_\_\_\_\_

Occupation: \_\_\_\_\_

Sex: M / F Marital Status: \_\_\_\_\_ Spouse's First Name: \_\_\_\_\_

**Sponsor's Name:** \_\_\_\_\_

### PLEASE READ THIS NEXT PARAGRAPH VERY CAREFULLY

*Your Emmaus experience will involve physical activity to include walking (indoors and outdoors on "trails"), climbing stairs, periods of sitting, and outdoor activities. You may wish to consult your physician to verify that you should participate in such activities before you complete this application. If you need assistance such as a wheelchair, walker, or other device, let us know **in this application**. If you have dietary restrictions or special needs, please tell us about them **in this application**.*

Do you have any physical handicaps or limitations that may affect your participation in this weekend? Yes / No

If so, please specify: \_\_\_\_\_

Do you use/need a wheelchair, walker or other device? Yes / No - Specify: \_\_\_\_\_

Are you on a special diet/medication? Yes / No - Specify: \_\_\_\_\_

Do you play a musical instrument? If so, what? \_\_\_\_\_ (please bring it with you)

Church you attend: \_\_\_\_\_ Minister: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Church organizations with which you work: \_\_\_\_\_

Please give a brief, frank statement about why you would like to attend an Emmaus weekend, what you expect from it and anything about yourself and your faith you wish to share: \_\_\_\_\_

- **This application must be accompanied by a non-refundable \$75.00 deposit.** Make check payable to Tidewater Emmaus.
- There are no additional costs to you for the weekend. Other weekend expenses are being underwritten by gifts from individuals who have experienced a weekend and wish to share it with you.
- This is only an application. Notification of your acceptance for a weekend will be made by phone and mail/email about one month before the actual weekend (dates are at the top of this page).
- All contact information will be for Emmaus use only.
- **After you have completed this application, please return it to your sponsor. Be sure to include your \$75.00 deposit check.**

Signatures:

Applicant: \_\_\_\_\_

# Sponsorship Application

Walk Dates: TW-113 Men **Apr. 20 – 23, 2017**  
TW-114 Women **May 4 – 7, 2017**

TW-115 Men **Oct. 19-22, 2017**  
TW-116 Women **Nov. 2-5, 2017**

**SPONSORS: Please read the following statement carefully and give it prayerful consideration:**

Emmaus is a method for 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 to become closer to Christ in their discipleship. As a sponsor, you are required to provide information to assist him/her in the decision to attend a weekend; to help him/her to enter fully into the Emmaus fellowship AFTER the weekend; to provide prayer and other support (including financial); and, to provide transportation to/from the Emmaus weekend. *Sponsors should remember that an Emmaus experience involves some substantial physical exertion (walking, stairs, sitting for long periods, outdoor activities, etc.). Candidates may need to be evaluated by their physician before attempting an Emmaus experience. If your candidate has special needs because of physical/medical limitations, please make those needs clear in this application, including special dietary/medication needs/restrictions.*

**Pilgrim's Name:** \_\_\_\_\_

Sponsor (S): \_\_\_\_\_

Are you a first time Sponsor? \_\_\_\_\_ Please be prepared for the costs of the weekend.

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_

Work Ph: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Church membership: \_\_\_\_\_ Minister: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

What type of weekend (Emmaus, Chrysalis, etc.) and where did you attend (list Walk #): \_\_\_\_\_

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**Candidate Information to be filled out by Sponsor:**

Is candidate clergy? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

Has candidate's spouse attended a weekend? **Yes** (when/where) \_\_\_\_\_; **No** \_\_\_\_\_

Has candidate's spouse applied for a weekend? **Yes** (when/where) \_\_\_\_\_; **No** \_\_\_\_\_

**Sponsor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**Please mail completed Pilgrim candidate application with \$75.00 deposit along with the Sponsor's application with \$175.00 fee (Sponsor's fee is refundable up to 10 days prior to the Walk) to:**

**Tidewater Emmaus  
P.O. Box 61485  
Virginia Beach, VA 23466-1485**

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**For Admin Use Only**

Date application received: \_\_\_\_\_

**\$75** Deposit received from: \_\_\_\_\_

**\$175** Sponsor Deposit received from: \_\_\_\_\_

Date applicant notified of application receipt: \_\_\_\_\_

Date and response to Walk invitation: \_\_\_\_\_

Date of Walk confirmation (email or letter) communication: \_\_\_\_\_