GOLDEN ISLES WALK TO EMMAUS

APPLICATION TO ATTEND A WALK

Find us on the web – www.goldenislesemmaus.org

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

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

NOTE: This is only an application. Notification of your acceptance to attend a Walk to Emmaus weekend will be made by email. After you have completed your information, please give form to your sponsor. All information will be treated as confidential. INCOMPLETE APPLICATIONS WILL BE RETURNED.

CHECK WALK APPLYING TO ATTEND: ( ) MEN'S WALK ( ) WOMEN'S WALK

FULL Name _____ Age _____ Birthdate _____

First Name (as you want it on your nametag) _____

Mailing Address _____ City _____ State _____ Zip _____

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

E-mail _____ Occupation _____

Church You Attend _____

Marital Status (Circle one): Married Single Separated Divorced Widow

Has spouse attended Emmaus, Crusillo, Tres Dias, Chrysalis, or Journey)? _____ Spouse's Name _____

Medical Information – MUST BE COMPLETED

Do you require any physical assistance? _____ If "yes", please specify: _____

_____

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

Please specify any special dietary needs you would expect 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 **$175.** Checks made payable to **Golden Isles Emmaus**. In the event you must cancel, please have your sponsor notify the Registrar 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:

☐ **$50 Registration Fee Enclosed (non-refundable)**
☐ **$125 balance to be paid at Send-off or before**

Golden Isles Walk to Emmaus
Attn: Registrar
139 Altama Connector, Box 355
Brunswick, GA 31525

Contact Email:
giwtechair@gmail.com

TO BE COMPLETED BY SPONSOR. ALL blanks MUST 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 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.

_____ I have attended sponsorship training.

_____ 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 the send-off location on Thursday at 6:00 pm.

_____ I will accompany my pilgrim to the 4th day meeting and 1st gathering following my pilgrim's walk.

_____ I will assist my pilgrim in getting established into a reunion group after the walk.

_____ 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 the walk site (currently Georgia Lions Camp for the Blind, Waycross) and back home at the end of the weekend. 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: _____

TO BE COMPLETED BY APPLICANT'S PASTOR. All blanks must be completed. **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 _____

Have you attended an Emmaus or other 3-day weekend? _____

If so, where did you make your Walk to Emmaus? _____ When? _____ Walk # _____