

PILGRIM APPLICATION
SOUTHERN NEVADA WALK TO EMMAUS

(To be completed by applicant)

MALE: FEMALE:

Name: _____ Name on tag: _____

Address: _____ Email Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Age: 18-25 _____ 26-35 _____ 36-45 _____ 46-55 _____ 56+ _____

Spouse's Name: _____

Has spouse attended a walk? _____ When? _____ Where? _____

Local Emergency Contact:

Name: _____ Phone: _____ Relationship: _____

Describe any food allergies or special diet needs (i.e. diabetic, cardiac diets): _____

Describe any health or physical limitations: _____

Will you be taking any medications during the weekend? _____

Name of nearest relative other than spouse not living at home: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Relationship: _____

The Walk to Emmaus is a spiritual growth experience for committed Christians who are already attending a church and participating in church activities.

Baptized into: _____ church in _____
(denomination) (year)

Currently attending _____ church in _____
(city)

Are you a member? _____ Minister's Name: _____

My sponsor and I have discussed the following:

_____ The purpose and format of the Walk to Emmaus

_____ Fourth Day

_____ Reunion grouping

(Applicant's Signature)

(Date)

Sponsor's Name: _____

(To be completed by Sponsor:)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Your Walk Location: _____ Year: _____

Church you are now attending: _____

As sponsor, I understand that I am agreeing to take responsibility for transporting this Pilgrim to and from the Walk, providing for any family needs of the Pilgrim during the Walk, attending all sponsor activities during the Walk, hosting the Pilgrim for Fourth Day, and assisting the Pilgrim in starting in a group. With God's help, I accept these responsibilities for this Pilgrim.

_____ Date: _____

(Sponsor's Signature)

To the Pastor of this applicant's church:

The Walk to Emmaus is a spiritual growth experience for committed Christians who are already regularly attending a church and participating in church activities.

Please sign below indicating your awareness of this application and your endorsement of this applicant as someone who would benefit from such an experience.

_____ (phone number)

Pastor's name (please print)

_____ Date

Pastor's signature

If you wish additional information regarding the Walk to Emmaus please contact the Registrar at the address below.

NOTE TO SPONSOR: Please return this completed form to:

Leslie Brinks
2572 Hidden Forest Cir.
Las Vegas, NV 89074
(702) 897-4235

Date Rec'd: _____

Acceptance sent: _____

Walk #: _____

Date: _____

rev:11/2008