Walk to Emmaus Pilgrim Application (updated 1/2023)

Please PRINT CLEARLY in blue or black ink

For Registrar Use C	Only:
Date Application Received	l :
Cash	\$
Check #	\$
From:	
Balance Due at the Walk	\$
Confirmed:	

Indicate which walk you're interested in attending. (Please ask your sponsor for those specific dates to see if those weekends work for your schedule before sending in your application).

Circle one:	Men's: Win	iter Spring Fall <u>W</u>	omen's:	Winter	r Spring	Fall	
Pilgrim's Na	me:		M	laiden Na	ame:		
		First & Last):					
		Contact phone #: (
Age:	E-mail:						
Church Name	e & Address						
Pastor Name							
You will re	eceive an Em	maus t-shirt. Circle si	ze: S M	LG	XL 2XL	3XL 4	XL 5XL
List medication Yes No		ry needs/allergies (vision, he	earing, or m	obility co	oncerns). List	t below:	
2 3 4.	Are you on a m you have allerg Do you have no	De Emmaus been explained to Emmaus program been edically necessary special contests ies? The edical program been edically necessary special contests ies? The edical program been explained to be edically necessary special contests in the edical program is a second program of the edical program is a second program in the edical program in the edical program is a second program in the edical program in the edical program is a second program in the edical program in the edical program is a second program in the edical pr	explained? liet or do				
Name of you	r sponsor:						
In what relig	ious ministries a	re you active?					
Briefly state	why you wish to	be involved in the Emmau	s Walk and	what yo	ou expect from	m it.	
with this res actual cost o	servation. This volume to the servation of your weekend	ication to be processed, yowill be applied to your con l. Please make your check	tribution o payable to	of \$175.0 : El Sha	00 which par ddai Emma	rtially offsous Comm	ets the unity ****
rugiun s 218	gnature:			Date:			

Sponsorship Information for Pilgrim Application

(updated 1/2023)

Please PRINT CLEARLY in blue or black ink

		Complete this form and mail to: El Shaddai Emmaus Registrar P O Box 354		
Sponsor's Name:		Clinton, IN 478	842	
Sponsor's Address:	City:	State:	Zip:	
Contact phone #1: ()	Phone #2: ()	E-mail:		
Walk #Attended:Na	ame of church you're attending:			
Please answer the following q	uestions:			
Yes No				
1 Do you attend yo	our church regularly?			
2 Did you pray bet	fore you asked the pilgrim to attend	& will you continue to pra	y during and after	
the walk?				
3 Have you served	l as a sponsor before?			
4 If you haven't sp a sponsorship tra	oonsored before, would you be willing iner?	ng to review sponsorship r	esponsibilities with	
5 Are you commit	ted to acquiring Agape Letters for yo	our pilgrim?		
5. Are you willing	to sacrifice & take care of the pilgrir	n's home needs during the	e weekend?	
	he pilgrim to the Walk & stay for Spe			
(If not, indicate	your designated replacement:)	
8 Will you take the	e pilgrim home?			
(If not, indicate	your designated replacement:)	
9. Will you attend j	prayer time before Candlelight to pra	y for your pilgrim?		
	your designated replacement:			
10 Will you attend				
	ined Gatherings or reunion groups to	your pilgrim?		
12 Will you accom	pany your pilgrim to his/her first Ga	thering?		
	and how important it is to have MIN		pilgrim during the	
	cess to the www.elshaddaiemmaus.	org website sovou can be	informed of latest	
Emmaus events		org website so you can be	informed of facest	
Are there any mental, physical	l, or spiritual concerns for your pilgr	im that the team needs to	be aware of?	
constructed to solve deep-seat	pilgrim is both a joy and a responsib ted personal problems. It is designed ons to be a disciple of Christ. **			
IMPORTANT: Sponsor should av	oid working the applicant's Walk and m	ake plans with others to cover	all sponsorship	
duties if they are working!		1		
f will comply with all sponso	orship duties, and I will enclose the	\$50 down payment fee v	with the application	

Sponsor's Signature: