

# GEORGIA FOOTHILLS WALK TO EMMAUS PILGRIM APPLICATION



*Please Print Clearly*

## APPLICANT INFORMATION

*One Application per Person*

NOTE: This is only an application. Notification of your assigned weekend will be made by mail or by e-mail. After you have completed your part of this application, please give it to your sponsor. All information will be kept confidential. Incomplete applications will be returned. Placement will be made based upon date received at the GFWTE office and availability of space.

Name (as you wish printed on your name tag) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Bus. Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Marital Status \_\_\_\_\_ Sex \_\_\_\_\_ E-mail \_\_\_\_\_

Your Church \_\_\_\_\_  Member  Visiting

Occupation \_\_\_\_\_ Spouse Name \_\_\_\_\_

Is your spouse applying to attend the adjacent walk? \_\_\_\_\_ Has your spouse already attended a walk? \_\_\_\_\_

## GEORGIA FOOTHILLS WALK TO EMMAUS WEEKEND DATES

Men's Walk # \_\_\_\_\_ Date \_\_\_\_\_  Women's Walk # \_\_\_\_\_ Date \_\_\_\_\_

*Check these dates carefully, then **check the box** of the weekend of your choice. Married couples should attend consecutive weekends. If you cancel less than 10 days prior to your assigned walk, it will be necessary to re-apply unless you request that your application be transferred to the next walk.*

## MEDICAL INFORMATION / SPECIAL NEEDS

Please list any physical limitations or restrictions that we would need to know about. \_\_\_\_\_

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

Do you have special dietary needs? Please discuss this with your sponsor as well; our kitchen is limited in what can be done. \_\_\_\_\_

## Emergency Contact – OTHER THAN SPONSOR OR SPOUSE

Name of a relative **not** living with you \_\_\_\_\_

Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

## APPLICANT'S SIGNATURE

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

## COMPLETED APPLICATIONS

**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.***



**Please check one:**

- \$ \_\_\_\_\_ enclosed (add \$6 via website) -- paid in full
- \$ \_\_\_\_\_ enclosed (half required with application to hold seat).
  - Sponsor** OR  **Pilgrim** is responsible to pay the balance due at registration prior to Send Off

**SPONSOR - Mail completed application to:**

**GFWTE – PILGRIM REGISTRATION**  
**P.O. Box 908253**  
**Gainesville, GA 30501**

**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?  Yes  No

Where did you make your Walk to Emmaus? \_\_\_\_\_

When? \_\_\_\_\_ #: \_\_\_\_\_

**Please verify the following statements are true by placing a check in each box preceding the statement.**

- 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 retreat center on Thursday for send off at 6:00 pm.
- I will accompany my pilgrim to the first gathering following my pilgrim's Walk.
- I will assist my pilgrim in getting established into a reunion group after the Walk.
- I have read the sponsorship information provided on the website <http://www.gfwte.com>.

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 and from the camp. 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: \_\_\_\_\_

**PARTICIPANTS CHURCH AND PASTOR INFORMATION** **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 Phone (\_\_\_\_) \_\_\_\_\_

**TO BE COMPLETED BY APPLICANT'S PASTOR. ALL blanks MUST be completed**

Pastor's Name \_\_\_\_\_ Pastor's Signature \_\_\_\_\_

Pastor's Title(i.e. Senior Pastor, Youth Pastor, Minister of Counseling) \_\_\_\_\_