



PILGRIM APPLICATION

Return application with fee to:
Fredericksburg Emmaus
P.O. Box 42094
Fredericksburg, VA 22404

For completion by Emmaus Registrar:

Date received: _____ Status: _____
Date asked: _____ Accepted: _____ Declined: _____
Date asked: _____ Accepted: _____ Declined: _____
Date asked: _____ Accepted: _____ Declined: _____

ALL INFORMATION EXCEPT NAME AND ADDRESS IS KEPT CONFIDENTIAL. IT IS USED FOR THE PURPOSE OF PLANNING THE WEEKEND.

ALL INFORMATION SHOULD BE PRINTED LEGIBLY.

Name and complete mailing address of the church you attend:

Name _____

Name for name tag _____

Address _____

City _____ State _____ Zip _____

Senior Pastor's Name _____

Home Phone _____ Age _____

Church Phone _____

Email Address _____

Pastor's approval of attending the Walk to Emmaus?

By entering an email address you are authorizing the Emmaus
Community to email the monthly Newsletter to this address.

(Yes) (No) (Pastor's Signature) (Date)

Marital Status _____ Name of Spouse: _____

Community or Church organizations in which you actively
participate: _____

Has spouse attended a Walk? Yes No

If yes, indicate their Walk # ____ If spouse has not yet walked,
give date application submitted? _____

Your Occupation _____

Health information:

Are you an ordained or licensed member of the clergy? Yes No

Special diet? Yes No

Hobbies or Interests _____

-If yes, what kind ? _____
-Any physical conditions which would limit your participation in
the weekend? _____

The Walk to Emmaus is a 72-hour experience of Christian spiritual
renewal designed to inspire, challenge and equip participants for
Christian action in their homes, churches and places of work.
Participants will enjoy daily worship, communion, prayer, music,
small group participation, and talks given by laity and clergy.

-Special medication? _____

-Emergency Contact Information:

-Primary Contact Name & Number _____
; Secondary Name & Number _____

Has the weekend been explained to you (and your spouse)?
(Yes) (No)

Please indicate in a brief statement why you wish to participate
in the Walk to Emmaus and what you expect to gain from it:

Applicant's signature: _____

_____ Date: _____

Please enclose a non-refundable pre-registration deposit of \$25 to
be applied toward the expenses of the weekend. If you want
notification that this application has been received, please include a
self-addressed stamped postal card.
Checks should be made payable to Fredericksburg Emmaus.

(Use an additional sheet of paper, if necessary)



FOLLOWING PORTION TO BE FILLED OUT BY SPONSOR AFTER COMPLETION BY APPLICANT AND PASTOR:

Applicant's Name _____

Sponsor's Name _____

Sponsor's Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Email _____

Church (including city/state) you regularly attend _____

Your Pastor's name and phone number _____

Where and when did you attend your walk? _____

Where and when did you attend your Day of Deeper Understanding (DDU)? _____

Are you presently involved in weekly grouping? Yes No Are your praying and sacrificing for your applicant? Yes No

How do you know the applicant? _____

How long have you known the applicant? _____

Explain why you feel that this person would be a good candidate _____

- | | | |
|--|-----|----|
| Are you able to assist the applicant to get into a weekly reunion group? | Yes | No |
| If the applicant is married, have you or will you discuss the Walk to Emmaus with the spouse? | Yes | No |
| Will you participate in the weekend – Transportation, Sponsor's Hour, Candlelight, Closing? | Yes | No |
| Will you see to or care for the needs of the spouse and the family of the applicant over the weekend? | Yes | No |
| Have you explained the necessity to attend a Day of Deeper Understanding with the applicant? | Yes | No |
| Will you attend with your Pilgrim their 1 st Gathering and DDU? | Yes | No |
| Have received and read the Community instructions on Sponsoring that are provided with the candidate's application? | Yes | No |
| Have you reviewed this form to ensure that the applicant's information on the reverse is legible? | Yes | No |
| Are you aware that the weekend cost for the Pilgrim must be paid by their Sponsor prior to their arrival for the Walk? | Yes | No |

AS THE SPONSOR OF THIS APPLICANT, I WILL COVENANT TO SUPPORT THIS PERSON BEFORE, DURING, AND AFTER THE WALK TO EMMAUS WEEKEND.

SPONSOR'S PRINTED NAME / SIGNATURE DATE