	Walk to THE UPPER ROOM		D Emmaus Applic I to be completed by the C Please Print legib	Candidate
Candidate's First Name				
Candidate's Last Name				
Name you wish to have on our nam	e tag			
Street Address City, State, Zip				
Cell Phone#	**Candidate	e's Email		
Occupation				
Marital Status (circle one) Single	Married Divorced	Date of Birt	th:	AGE
Church you presently attend			List your church/Rel	igious/Community
Organizations & Activities				
Pastor's Name	Pastor's Phone		_ **Email	
Spouse has been on Emmaus week	end. Yes or No If so p	lease provide	e his/her name:	
Do you have any of the following sp Special DietFood or other All Special Medications (such as so Physical Restrictions or Special A Explain Why do you wish to be involved in th	ergies omething you need refri AccommodationsLo	igerated or he ower Bunk	elp taking at certain times _ BPAP or CPAP machine	
Sponsor's Name		<mark>S</mark>	ponsor's contact informat	tion is mandatory:
Cell Phone	**Email			
IMPORTANT: Your 3-part application days or more prior to the date of y When the application is finished, su Dexter KY 42036 or scan and email I acknowledge that the registration the first night of the retreat) Check above or pay online on the PAWTE v accepted, I understand that I will be	your scheduled Walk. Jubmit it to the REGISTR I it to: pawteregistrar@ fee for the Emmaus Wa s should be made pay website at https://www e notified by email and	If any part is AR by mail to <b>gmail.com</b> alk is \$200 (\$ <b>yable to PAW</b> <b>w.pawte.net</b> asked to not	missing it may affect your c: Emmaus Registrar, 750 Direct any questions to t 25 non-refundable deposi <b>/TE.</b> Mail to: PAWTE Regis using the TITHELY ap. If r ify the registrar that I will b	acceptance. <b>D McDay Lane,</b> the Registrar. It plus \$175 due strar at address my application is be attending.
"I wish to attend the (circle your che Please Sign and Date below.	Dice) Spring or Fall	/ Men's or	women's Walk to Emma	ius Weekend."

Date \_\_\_\_\_

Candidate's signature \_\_\_\_\_\_ \*\*IMPORTANT: Email addresses are required for important correspondence



## Walk to Emmaus Application Form

**Sponsor Section** 

## Print legibly – \*\*NOTE: emails are required for important correspondence

Pilgrim's Name:	
Sponsor's Name:	Sponsor's phone:
**Sponsor's Email Address:	
Sponsor's Address: Street, City, State & Zip Code	
Sponsor's Home Church	
Location of Sponsor's Walk or Flight	
Have you sponsored an Emmaus Pilgrim or Chrysalis Candidate	
Are you in a 4th Day Group? Circle Yes or No	
How long have you known the candidate?	$\_$ Why do you feel he/she is a good candidate for a
Walk to Emmaus?	
Does the candidate have any physical or mental issues leadersh	nip should be aware of? Yes or No Explain:
Is the candidate under any temporary emotional strain? Yes or	
Does he/she require special help walking, transferring, showerir	
"I am aware of my Sponsor responsibilities as outlined at: $h$	ttps://www.pawte.net/sponsorship

Sponsor's Signature\_\_\_\_\_

Date \_\_\_\_\_



Walk to Emmaus Application Form

**Clergy Section** 

## **Please Print legibly**

## Clergy Recommendation (required section - if not submitted you may not be accepted)

To be completed by Candidate's pastor or other clergy who knows them and can recommend them for the Walk.

Clergy's Name \_\_\_\_\_Clergy's Phone/Cell # \_\_\_\_\_

Clergy's Address: Street, City, State, Zip Code \_\_\_\_\_

Clergy's Email Address \_\_\_\_\_

Candidate's Name \_\_\_\_\_\_ Candidate's Church \_\_\_\_\_\_

How long have you known the Candidate and why do you recommend them to attend the Walk to Emmaus?\_\_\_\_\_

"I attest this candidate is an active member of the church I pastor, and I pledge to support his/her attending the Walk to Emmaus."

Clergy's	Signature
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\_\_\_\_\_ Date\_\_\_\_\_