

## Coastal Georgia Walk to Emmaus –Fall 2019 Pilgrim Application

1. Please complete the application and sign it. 2. Your pastor MUST sign the application
3. Return to your sponsor. 4. Sponsor MUST sign and return.
5. **Make sure to include \$75 non-refundable deposit** 6. **Please Print**

Today's Date: \_\_\_\_\_ Check one: Men's Walk (Sept. 26-29) \_\_\_\_\_ Women's Walk (Oct. 3-6) \_\_\_\_\_

Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Church Name: \_\_\_\_\_ Denomination: \_\_\_\_\_

Church Address: \_\_\_\_\_

Are you a church member? \_\_\_\_\_ ARE YOU PART OF THE CLERGY TEAM OF THE CHURCH? \_\_\_\_\_

Your Pastor \_\_\_\_\_ Title \_\_\_\_\_

Pastor's Email: \_\_\_\_\_

Has Pastor attended Walk to Emmaus or Other 4th Day Weekend? \_\_\_\_\_ YES \_\_\_\_\_ NO

**Pastor's signature:** \_\_\_\_\_

Your Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Age: \_\_\_\_\_ Phone: (cell) \_\_\_\_\_ (home) \_\_\_\_\_

E-mail: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Circle Marital Status: Single Married Widowed Divorced Separated

If married—Name of Spouse: \_\_\_\_\_

Will spouse attend Walk? \_\_\_\_\_ YES \_\_\_\_\_ NO

If spouse is NOT attending, please explain: \_\_\_\_\_ Has spouse

attended a prior walk? \_\_\_\_\_ YES \_\_\_\_\_ NO If yes, when and where \_\_\_\_\_

Medical Information:

Is there a medical reason that requires certain diet restrictions? **Please attach medical orders**

\_\_\_\_\_

Are you on any medications that you will need assistance with on the walk? If so, let us know:

\_\_\_\_\_

Do you have any health issues or physical situations that you will need help with while on the walk?

If so, please let us know:

\_\_\_\_\_

NEW EBENEZER IS NOT A WHEELCHAIR ACCESSIBLE CAMPGROUND.SOME WALKING WILL BE REQUIRED.

*(Please use an additional sheet of paper if more explanation is needed about special needs.)*

Has your sponsor explained to you the Walk to Emmaus? \_\_\_\_ YES \_\_\_\_ NO

**Your Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

Sponsor's Name \_\_\_\_\_

Sponsor's Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone: (cell) \_\_\_\_\_ (Home) \_\_\_\_\_

Attended (circle): WTE Chrysalis Journey Tres Dias Cursillo Other

Community Name \_\_\_\_\_ Walk # \_\_\_\_\_ Yr. Attended: \_\_\_\_\_

Are you currently active in the community? \_\_\_\_\_ Have you attended Sponsorship Training? \_\_\_\_\_

**Sponsor's signature:** \_\_\_\_\_

**Pilgrim Fee: \$175:**

**A \$75 deposit is required with this application.**

**\$100 balance due upon your arrival to Send Off.**

*Deposits are non-refundable, but can be transferred to an upcoming walk within two years. After this, the deposit is forfeited and the application process will begin again. Your check must be included in order to process the application.*

**Sponsor:** Mail application and \$75 deposit check payable to **Coastal GA Walk to Emmaus** to:

Lori Howard, Registrar  
11330 White Bluff Road Unit#62 Savannah, Ga. 31419  
[lorihoward1962@comcast.net](mailto:lorihoward1962@comcast.net) 912-272-4046)

For Registrar Use:

Postmark/Date Received \_\_\_\_\_ Check#: \_\_\_\_\_ Deposit Paid \_\_\_\_\_ Status: \_\_\_\_\_