

## Coastal Georgia Walk to Emmaus – Fall 2023 Pilgrim Application

1. Please complete the application and sign.
2. Your pastor MUST sign the application.
3. Return completed application to your sponsor.
4. Sponsor MUST sign application and send to Registrar.
5. Deposit (non-refundable) of \$75 MUST accompany application.

8/09/2023 is application deadline for the Men's Walk

8/09/2023 is application deadline for the Women's Walk

Today's Date: \_\_\_\_\_ Check one: Men's Walk (Sept. 7-10) \_\_\_\_\_ Women's Walk (Sept. 14-17) \_\_\_\_\_

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

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

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

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

Email \_\_\_\_\_

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

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 & where \_\_\_\_\_

### MEDICAL INFORMATION:

Is there a medical condition that requires certain diet restrictions? **PLEASE ATTACH MEDICAL ORDERS**

---

Are you taking any medications that you will need assistance with on the walk? If so, please 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 explain: \_\_\_\_\_

SOME WALKING MAY BE REQUIRED. Please explain if special needs.

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

Has your sponsor explained the Walk to Emmaus to you? \_\_\_\_\_ Yes \_\_\_\_\_ No

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

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 4<sup>th</sup> Day Weekend? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Pastor's Signature:** \_\_\_\_\_

**This section to be completed by Sponsor:**

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

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

Sponsor's Email : \_\_\_\_\_

Sponsor's Phone: (cell) \_\_\_\_\_ (home) \_\_\_\_\_

Attended (please 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 Deposit of \$75 due with application. \$100 Balance due upon arrival to Send Off.**

*Deposits are **non-refundable**, but can be transferred to an upcoming walk within a 2 year period. After 2 years, the deposit is forfeited and the application process will begin again. Your payment must be **included** in order to process the application.*

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

Connie Shippy, Registrar  
1317 Grace Drive  
Savannah, GA 31406  
Luvkids1@hotmail.com

For Registrar Use:

Postmark/Date Received \_\_\_\_\_ Payment Method \_\_\_\_\_ Ck# \_\_\_\_\_ Amt Pd \_\_\_\_\_