

## Coastal Georgia Walk to Emmaus Spring 2026 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.

4/02/2026 is application deadline for the Men's Walk

4/02/2026 is application deadline for the Women's Walk

Today's Date: \_\_\_\_\_ Check one: Men's Walk (April 16-19) \_\_\_\_\_ Women's Walk (April 23-26) \_\_\_\_\_

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**

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

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

Please explain: (See note below) \_\_\_\_\_

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**SOME WALKING IS REQUIRED \*\* You will need to be able to walk on your own for this walk without golf cart assistance.**

*(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 down 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:

Suzanne Taylor, Registrar  
501 Moon River Ct.  
Savannah, GA 31406  
Suzannetaylor501@gmail.com

For Registrar Use:

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