Coastal Georgia Walk to Emmaus Spring 2027 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.
   3/25/2027 is application deadline for the Men's Walk
   4/01/2027 is application deadline for the Women's Walk

Today's Date:_____ Check one: Men's Walk (April 8-11) _____Women's Walk (April 15-18)_____

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 4th 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:

Suzanne Taylor, Registrar
501 Moon River Court
Savannah, GA 31406
suzannetaylor501@gmail.com

For Registrar Use:

Postmark/Date Received_____ Payment Method_____ Ck#_____ Amt Pd_____