



APPLICATION AND INFORMATION SHEET

This side to be completed by Applicant –PLEASE PRINT

APPLICANT INFORMATION

Name: _____ (First) _____ (Middle) _____ (Last) _____ (Name for your nametag)

Address: _____ Email: _____

City: _____ State: _____ Zip: _____ Phone: (____) ____-____

Occupation: _____ Cell/Other Phone: (____) ____-____

I am:

Male Female Age: _____

Marital Status:

Single Married Divorced Widowed Separated

My spouse has attended:

Walk to Emmaus Cursillo Tres Dias Chrysalis
When? _____ Where? _____ Walk #: _____

My spouse will apply to attend an upcoming Walk to Emmaus Yes No

I am a member of the clergy I am a lay person

Where do you attend church?: _____

Church Address: _____

City: _____ State: _____ Zip: _____ Phone: (____) ____-____

Pastor's Name: _____

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

HEALTH AND EMERGENCY INFORMATION

Do you have any health or physical conditions that may affect your participation in the weekend? Yes No

If Yes, please describe: _____

Are you on a special diet or medication? Yes No

If Yes, please describe: _____

In the event of an emergency, who should be contacted?

Name _____ Phone: (____) ____-____

All of the above information is necessary for your placement on the Walk to Emmaus. Please fill in ALL of the required information. Acceptance letters will be mailed approximately 30 days prior to the Walk. We do ask for a \$110 contribution to partially offset the cost of materials and meals during the weekend. **PLEASE ENCLOSE A REGISTRATION DEPOSIT OF \$25.00 WITH YOUR APPLICATION.** Your deposit is non-refundable, but can be used for a later walk if you are unable to attend the walk to which you are invited. The balance of \$85 will be due at the beginning of your weekend. Make your check payable to **Heart of Georgia Walk to Emmaus** and mail it with your signed application to:

George and Jodi Anderson, Registrars
Heart of Georgia Walk to Emmaus
1015 Summit Drive
Albany, GA 31707

If you have questions about your application, please contact George or Jodi at (229) 432-9756 or by email at hogregistrar@yahoo.com.

Applicant's Signature: _____ Date: ____ / ____ / ____



APPLICATION AND INFORMATION SHEET

This side to be completed by Sponsor – PLEASE PRINT
(Sponsorship is required to attend the Walk to Emmaus)

SPONSOR INFORMATION

Name: _____ Email: _____
(First) (Middle) (Last)

Address: _____ Home Phone: (____) ____-____

City: _____ State: _____ Zip: _____ Work Phone: (____) ____-____

Church Name: _____ City: _____

Where did you attend the Walk to Emmaus (Tres Dias, Cursillo, etc.)? _____

Walk# _____ Year _____

Are you currently in a Reunion Group or similar Christian support group? Yes No

ABOUT YOUR APPLICANT

Sponsor, please remember that the Weekend is an intense program of Christian study and spiritual growth, and is not a retreat or a cure-all for persons who may be experiencing temporary problems. Applicants should be active in their Church and should desire an opportunity to grow in Christ and to enhance their participation and involvement in the Church. As you complete these questions, be mindful that the success of your applicant's weekend is enhanced by your prayer and participation in the weekend's activities.

Does your applicant believe that Jesus Christ is his/her personal savior? Yes No

Have you discussed the Walk to Emmaus program and the Emmaus weekend to your applicant? Yes No

If your applicant is married, have you discussed the Walk to Emmaus with the spouse? Yes No

Will the applicant's spouse be attending an upcoming Walk? Yes No

To the best of your knowledge, is your applicant in suitable physical and mental condition to attend the Walk? Yes No

Is your applicant under any temporary emotional strain that might indicate that participation on the Walk to Emmaus should be postponed? Yes No

Are there any additional circumstances or conditions about this applicant that should be taken into consideration?

If Yes, please explain _____

SPONSOR'S COMMITMENT

I will pray and sacrifice for my applicant. Yes No

I will bring my applicant to the Emmaus Weekend Sendoff. Yes No

I will arrange for the care of my applicant's family during the Weekend. Yes No

I will attend all Emmaus Weekend Events in support of my applicant. Yes No

I will assist my applicant to join or establish a Reunion Group. Yes No

I will bring my applicant to the first Cluster Gathering after the weekend. Yes No

I will help my candidate learn about sponsor's duties and assist with their first sponsorship. Yes No

Sponsor's Signature: _____ Date: ____ / ____ / ____