



# 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

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

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 \$90 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 \$65 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:

**Richard Dannenberg, Registrar**  
**Heart of Georgia Walk to Emmaus**  
**1106 E. Tolleson Street**  
**Perry, GA 31069**

If you have questions about your application, please contact Richard or Laura at (478) 987-7815 or by email at emmaus@agmacon.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.

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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_