



WALK TO  
EMMAUS  
THE UPPER ROOM®

## PILGRIM APPLICATION

Return application with fee to:

Fredericksburg Emmaus  
P.O. Box 42094  
Fredericksburg, VA 22404

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ALL INFORMATION EXCEPT NAME AND ADDRESS IS KEPT CONFIDENTIAL. IT IS USED FOR THE PURPOSE OF PLANNING THE WEEKEND.

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ALL INFORMATION SHOULD BE PRINTED LEGIBLY.

For completion by Emmaus Registrar:

Date received: \_\_\_\_\_ Status: \_\_\_\_\_

Date asked: \_\_\_\_\_ Accepted: \_\_\_\_\_ Declined: \_\_\_\_\_

Date asked: \_\_\_\_\_ Accepted: \_\_\_\_\_ Declined: \_\_\_\_\_

Date asked: \_\_\_\_\_ Accepted: \_\_\_\_\_ Declined: \_\_\_\_\_

Checks should be made payable to *Fredericksburg Emmaus*.

Name \_\_\_\_\_

Name for name tag \_\_\_\_\_

Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Age \_\_\_\_\_

Email Address \_\_\_\_\_

By entering an email address you are authorizing the Emmaus Community to email the monthly Newsletter to this address.

Marital Status \_\_\_\_\_ Name of Spouse: \_\_\_\_\_

Has spouse attended a Walk? Yes No

If yes, indicate their Walk # \_\_\_\_\_ If spouse has not yet walked, give date application submitted? \_\_\_\_\_

Your Occupation \_\_\_\_\_

Are you an ordained or licensed member of the clergy? Yes No

Hobbies or Interests \_\_\_\_\_

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The Walk to Emmaus is a 72-hour experience of Christian spiritual renewal designed to inspire, challenge and equip participants for Christian action in their homes, churches and places of work. Participants will enjoy daily worship, communion, prayer, music, small group participation, and talks given by laity and clergy.

Has the weekend been explained to you (and your spouse)?  
( Yes ) ( No )

Applicant's signature: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

Please enclose a non-refundable pre-registration deposit of \$50 to be applied toward the expenses of the weekend. If you want notification that this application has been received, please include a self-addressed stamped postal card.

Name and complete mailing address of the church you attend:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Senior Pastor's Name \_\_\_\_\_

Church Phone \_\_\_\_\_

Pastor's approval of attending the Walk to Emmaus?

(Yes) (No) (*Pastor's Signature*) (Date)

Community or Church organizations in which you actively participate: \_\_\_\_\_

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### Health information:

Special diet? Yes No

-If yes, what kind? \_\_\_\_\_

-Any physical conditions which would limit your participation in the weekend? \_\_\_\_\_

-Special medication? \_\_\_\_\_

-Emergency Contact Information:

-Primary Contact Name & Number \_\_\_\_\_

\_\_\_\_\_; Secondary Name & Number \_\_\_\_\_

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Please indicate why you wish to participate in the Walk to Emmaus and what you expect to gain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use an additional sheet of paper, if necessary)



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**FOLLOWING PORTION TO BE FILLED OUT BY SPONSOR AFTER COMPLETION  
BY APPLICANT AND PASTOR:**

Applicant's Name \_\_\_\_\_

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

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

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

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Email \_\_\_\_\_

Church (including city/state) you regularly attend \_\_\_\_\_

Your Pastor's name and phone number \_\_\_\_\_

Where and when did you attend your walk? \_\_\_\_\_

Where and when did you attend your Fourth-Day Follow-Up? \_\_\_\_\_

Are you presently involved in weekly grouping? Yes No      Are you praying and sacrificing for your applicant? Yes No

How do you know the applicant? \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

Explain why you feel that this person would be a good candidate \_\_\_\_\_

Are you able to assist the applicant to get into a weekly reunion group?	Yes	No
If the applicant is married, have you or will you discuss the Walk to Emmaus with the spouse?	Yes	No
Will you participate in the weekend – Transportation, Sponsor's Hour, Candlelight, Closing?	Yes	No
Will you see to or care for the needs of the spouse and the family of the applicant over the weekend?	Yes	No
Have you explained the necessity to attend a Fourth-Day Follow-Up with the applicant?	Yes	No
Will you attend with your Pilgrim their first Gathering and Fourth-Day Follow-Up?	Yes	No
Have received and read the Community instructions on Sponsoring provided with the candidate's application?	Yes	No
Have you reviewed this form to ensure that the applicant's information on the reverse is legible?	Yes	No
Are you aware that the weekend cost for the Pilgrim must be paid by their Sponsor prior to their arrival for the Walk?	Yes	No

**AS THE SPONSOR OF THIS APPLICANT, I WILL COVENANT TO SUPPORT THIS PERSON BEFORE, DURING, AND AFTER  
THE WALK TO EMMAUS WEEKEND.**

\_\_\_\_\_  
SPONSOR'S PRINTED NAME / *SIGNATURE* DATE