

Amount	\$	Ck. #	
Date Received			

Please type or print in black ink.

# PILGRIM APPLICATION

## SAN DIEGO WALK TO EMMAUS

**To be completed by Prospective Pilgrim (Please type or print clearly in black ink)**

**Note:** The following information is necessary for your proper placement on a Walk to Emmaus. Please fill in all blanks.

Name		Name wished on name tag	
Address		City	State
Zip (9 digits)			
Home phone	Work/cell ph.	Email	
<u>Emergency Contact</u>	Contact's name	Contact's phone	
Church you presently attend	Denomination		
Pastor's Name and church address			
Your age	No. of children	Married/Divorced/Single/Separated/Widowed	
Present occupation			
Religious or civic organizations in which you are involved			
Has the Walk to Emmaus been explained to you? (Yes/No)		Have the follow-up programs of Fourth Day and Group Reunions been explained to you? (Yes/No)	
Are you on a special diet? (Yes/No)	If on a special diet, please indicate special needs		
State briefly why you wish to be involved in the Walk to Emmaus and what you expect of it			
Do you have a health problem or physical handicap that may affect your attendance at the Walk to Emmaus? (Yes/No)			
If yes, please explain briefly (use add'l page if necessary)			
Are you taking any prescription medications? (Yes/No)			
If so, may our nurse for the weekend contact you with any questions? (Yes/No)			
<p>The Walk to Emmaus is a short course in Christianity to deepen our knowledge of the active grace of God in our lives. The Emmaus weekend runs from Thursday evening to Sunday afternoon, and encourages a lifetime of continued community after the weekend. In the case of married persons, both parties must make a commitment to attend. There is sometimes a waiting list, so please be patient. It may be some months before you will be contacted.</p>			
<p><b>Your contact information is used only by the Upper Room and San Diego Walk to Emmaus. We do not sell, share or distribute your information with third parties.</b></p>			
Signature		Date	
<p><b>PLEASE RETURN THIS FORM TO YOUR SPONSOR FOR COMPLETION AND INCLUDE A NON-REFUNDABLE DEPOSIT OF \$25.00 MADE PAYABLE TO SD EMMAUS COMMUNITY (Additional \$25 due upon acceptance).</b></p>			

**Please type or print in black ink.**

**To be completed by Sponsor**

Pilgrim's name \_\_\_\_\_

Sponsor's Name							
Address		City		State		Zip (9 digits)	
Home Phone		Work Phone		Email			
Church you presently attend							
Date of Your Walk to Emmaus/Cursillo/Chrysalis				City		Wknd #	
Have you previously sponsored a Pilgrim?			No _____	Yes _____	For Walk # _____		
How long have you known the pilgrim?				Relationship			

Is the pilgrim a leader? (Select one)	Yes		No		Potentially	
Expand						
Why do you want this person to attend the Walk to Emmaus?						
What is this person's religious background?	Extensive		Average		Limited	
Expand						
Describe any limitation, physical or emotional, that might affect this person's participation on the Walk to Emmaus.						

Can you help with the needs of his/her spouse during the weekend? (Yes/No)	
Have you discussed the weekend with the spouse and secured an application from him/her? (Yes/No)	
Are you aware of the importance of minimal contact with the pilgrim during the weekend, especially if the pilgrim is your wife/husband? (Yes/No)	
Are you willing to initiate the pilgrim in a Group Reunion? (Yes/No)	
Are you willing to attend other meetings/functions in support of your pilgrim? (Yes/No)	
Have you discussed with the candidate the commitment to attend Fourth Day and offered to bring him/her to these meetings? (Yes/No)	
If not, explain	

I have prayed about this pilgrim; understand the responsibilities of a sponsor; and pledge, with Christ's help, to do my utmost to fulfill them.

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Signature		Date	
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***Total fee for the weekend is \$100 (\$50 from pilgrim; remaining \$50 from sponsor). Please make check payable to SD Emmaus Community. Contact registrar via email (sdemmausregistrar@att.net) or mail to: Registrar, SD Emmaus Community, P.O. Box 502385, San Diego, CA 92150-2385***