

**Pilgrim Application
Southern Nevada Walk to Emmaus**

(To be completed by applicant)

MALE

FEMALE

Name: _____ Name on tag: _____

Address: _____ Email Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Age: 18-25 _____ 26-35 _____ 36-45 _____ 46-55 _____ 56+ _____

Has spouse attended a Walk? _____ When? _____ Where? _____

Local Emergency Contact:

Name: _____ Phone: _____ Relationship: _____

Describe any food allergies or special diet needs (i.e. diabetic, cardiac diets): _____

Describe any health or physical limitations: _____

Will you be taking any medications during the weekend? _____

Name of nearest relative other than spouse not living at home: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Relationship to you: _____

The Walk to Emmaus is a spiritual growth experience for committed Christians who are already attending a church and participating in church activities.

Baptized: _____ church in _____
(denomination) (year)

Currently Attending _____ church in _____
(city)

Are you a member? _____ Pastor's Name: _____

My sponsor and I have discussed the following:

_____ The purpose and format of the Walk to Emmaus

_____ Fourth Day

_____ Reunion Grouping

(Applicant's signature)

(date)

Sponsor's Name: _____

(To be completed by Sponsor):

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email address: _____

Your Walk Location: _____ Year: _____

Church you are now attending: _____

As a sponsor, I understand that I am agreeing to take responsibility for transporting this Pilgrim to and from the Walk, providing for any family needs of the Pilgrim during the Walk, attending all sponsor activities during the Walk, assisting their in their Fourth Day journey and assisting the Pilgrim in starting in a Reunion Group. With God's help, I accept these responsibilities for this Pilgrim.

(Sponsor's signature) (Date)

To the Pastor of this applicant's church:

The Walk to Emmaus is a spiritual growth experience for committed Christians who are already regularly attending a church and participating in church activities.

Please sign below indicating your awareness of this application and your endorsement of this applicant as someone who would benefit from such an experience.

(Pastor's name – please print) (Phone number)

(Pastor's signature) (Date)

If you wish additional information regarding the Walk to Emmaus please contact the Registrar at the address below.

NOTE TO SPONSOR: Please return this completed form to:

Green Valley UMC
c/o Gordon Hammond Southern Nevada Walk to Emmaus
4400 Robindale Rd
Henderson, NV 89074
or
snwecregistrar@gmail.com

Date Rec'd _____ Acceptance sent: _____ Walk #: _____ Date: _____