

**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 them 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:

Beth Blackwood  
Southern Nevada Walk to Emmaus  
Green Valley United Methodist Church  
4400 Robindale Rd  
Henderson Nv 89074  
[snwecregistrar@gmail.com](mailto:snwecregistrar@gmail.com)

\_\_\_\_\_  
Date Rec'd \_\_\_\_\_ Acceptance sent: \_\_\_\_\_ Walk #: \_\_\_\_\_ Date: \_\_\_\_\_