

## APPLICATION FOR GULF COAST WALK TO EMMAUS

The weekend fee is \$225.00 (includes lodging, meals, materials, etc)  
 Complete and return this form, including **\$75.00 non-refundable** reservation fee,  
 (make check payable to Gulf Coast Emmaus, Inc.) and mail to:  
**Registrar, Gulf Coast Emmaus, Inc., P.O. Box 2638, Fort Myers, Florida 33902**  
 The remaining **\$150.00 weekend fee** will be due on or before you sign in at Registration.  
 If you wish, you may make full payment any time before the walk.  
 Please note: Deadline for submission is the third Sunday prior to the Men's Walk

**Applicant**, please **print clearly** and provide all requested information, thank you.

\_\_\_\_\_ (First) \_\_\_\_\_ (Last) \_\_\_\_\_ (Name for your name tag)

Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Email: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Present Marital Status: Single Married Divorced Widowed Separated  
 Spouse/Significant Other Name: \_\_\_\_\_ Spouse Phone Number: \_\_\_\_\_

Spouse has "Walked to Emmaus" Yes No Applied (Other) \_\_\_\_\_

Occupation: \_\_\_\_\_ Community Organizations: \_\_\_\_\_

Home Church Name: \_\_\_\_\_ Denomination: \_\_\_\_\_ Pastor's Name: \_\_\_\_\_  
 How long have you been involved in church? \_\_\_\_\_ What areas have you served in church: \_\_\_\_\_

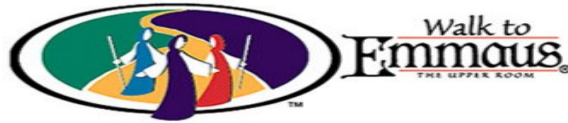
What positions have you held in the church? \_\_\_\_\_

- Yes No The Emmaus Weekend has been explained to me.
- Yes No Emmaus follow-up activities like reunion groups and gatherings have been explained to me.
- Yes No If married, has your spouse has been on a Walk to Emmaus? If so, Walk # \_\_\_\_\_ Location: \_\_\_\_\_
- Yes No If married, does your spouse plan on making a Walk to Emmaus? If so, when? \_\_\_\_\_
- Yes No Can you partake in the open communion?
- Yes No I am prepared and willing to dedicate a complete 72 hours while attending this walk. If no, please explain: \_\_\_\_\_
- Yes No I am on a special diet, if yes, please explain: \_\_\_\_\_
- Yes No I have food allergies. Please explain \_\_\_\_\_
- Yes No I am taking special medicine. Please explain if it needs to be given at certain times or chilled. \_\_\_\_\_
- Yes No I have physical limitations, if yes, please explain: \_\_\_\_\_
- Yes No I smoke.

**I want to attend the Gulf Coast Walk to Emmaus because** \_\_\_\_\_

I understand this signed application does NOT guarantee attendance on a particular walk,  
 but does put me on the list for an upcoming Walk.

\_\_\_\_\_ Applicant Signature \_\_\_\_\_ Date



**Sponsor Please Complete**

Applicant's name: \_\_\_\_\_

Sponsor's Name: \_\_\_\_\_  
(First) (Last)

Address: \_\_\_\_\_

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

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

Your church name: \_\_\_\_\_ Denomination: \_\_\_\_\_

Attend church regularly: Yes No If no, please explain: \_\_\_\_\_

Where did you attend Walk to Emmaus/Cursillo/Chrysalis? \_\_\_\_\_

Walk # \_\_\_\_\_ Year: \_\_\_\_\_ Are you in Reunion Group or similar support group? Yes No

I have fully explained the Walk to Emmaus weekend to my applicant Yes No

If your applicant is married, have you FULLY discussed the Walk to Emmaus with their spouse? Yes No

Does the spouse plan to attend a "walk?" Yes No If no, please explain \_\_\_\_\_

**SPONSOR SECTION...THIS SECTION IS VERY IMPORTANT, PRAYERFULLY READ AND COMPLETE!**

Please remember that the weekend is an intense program of Christian study and spiritual growth and IS NOT a retreat or 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 in the church. Be mindful that the success of your applicant's weekend is enhanced by your prayer and participation in the weekend activities.

**By checking below I PROMISE TO:**

**Pray and sacrifice for my applicant.**

**Bring my applicant to the weekend send-off and STAY for Sponsor's hour.**

**Arrange for the care of my applicant's family during the weekend.**

**Attend ALL weekend functions.**

**Assist my applicant in establishing/joining a Reunion or similar Group.**

**Bring my applicant to the Fourth Day Meeting and the first Gathering after the weekend.**

**Help my applicant learn about sponsor duties and responsibilities and assist with their first sponsorship.**

Please explain if you are not able to perform one or more of the above: \_\_\_\_\_

**To the best of my knowledge, my applicant does have the physical and mental health to attend the Walk.**

Are there any additional circumstances concerning your applicant that the Team should be aware of? Please explain: \_\_\_\_\_

By signing below, I agree that I have answered all questions prayerfully and fully believe that my applicant is ready to Walk to Emmaus and understands this does NOT guarantee attendance on a particular Walk, but does put them on the list for an upcoming Walk.

\_\_\_\_\_  
Sponsor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Pastor's Name (please print) / Signature

\_\_\_\_\_  
Church Representative Signature

\_\_\_\_\_  
Date