



**Athens Area Walk to Emmaus
Pilgrim Application**

**Cost Per Pilgrim is \$150
(\$25 non-refundable deposit due with application)**

_____ Men _____ Women

**This application MUST be accompanied by the \$25 non-refundable deposit.
The application will not be considered without the deposit.
The balance of \$125 must be paid in full no later than send-off.**

PILGRIM INFORMATION (Please print):

Name: _____ Email: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Age: _____ T-Shirt Size: _____
Church you attend: _____ Marital Status: _____
Spouse's Name (if married): _____
Has your spouse attended a Walk to Emmaus weekend? _____ Where/when: _____
Emergency contact: _____ Phone: _____
Are you on a special diet (medically required), medication or have special physical needs? _____
If yes, please explain: _____
Applicant Signature: _____ Date: _____

APPLICANT'S PASTOR'S INFORMATION (Please print):

Name: _____
Church Address: _____
Phone: _____ Email: _____
Signature: _____ Date: _____

SPONSOR INFORMATION (Please print):

Name: _____
Address: _____
Phone: _____ Email: _____
Church you attend: _____
Emmaus "type" weekend you attended (where/when): _____
I participate in a reunion/small group . _____ Yes _____ No
I have a plan for getting my pilgrim involved in a reunion/small group. _____ Yes _____ No

I have followed the guidelines regarding the Equal Commitment Rule and if this pilgrim's spouse does not want to attend the Walk to Emmaus at this time, a written statement to this effect is attached to this Application. _____ Yes _____ No _____ N/A

Sponsor Signature: _____ Date: _____

Mail to: Athens Area Walk to Emmaus—Pilgrim Application, PO Box 80323, Athens, GA 30605