



APPLICATION TO ATTEND A SOUTHSIDE VIRGINIA WALK TO EMMAUS (Please PRINT LEGIBLY or TYPE)



Name: \_\_\_\_\_ Name you wish to be called: \_\_\_\_\_

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

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

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

Best Phone # to Call: \_\_\_\_\_  Home  Cell  Work

Sex:  M /  F Age: \_\_\_\_\_ Birth date (mm/dd/yyyy): \_\_\_\_\_

Marital Status:  married  single  divorced  widowed Spouse's name \_\_\_\_\_

Has your spouse attended an Emmaus/Cursillo Weekend?  Yes  No

If yes, when # \_\_\_\_\_ where \_\_\_\_\_

Ordained/Licensed Minister:  Yes /  No

Church you attend: \_\_\_\_\_ Pastor's Name \_\_\_\_\_

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

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

Church organizations/activities: \_\_\_\_\_

List any musical instruments you play: \_\_\_\_\_ (Bring it with you.)

PHYSICAL/MEDICAL NEEDS

Your Emmaus experience will involve walking (indoors/outdoors), climbing stairs, and periods of sitting.

List any physical handicaps/limitations that may affect your participation in the weekend:

Assistance is needed with  wheelchair  walker  other device (specify)

\_\_\_\_\_

Do you take Medication on a daily basis?  Yes  No

Specify any special dietary needs: \_\_\_\_\_

List food allergies: \_\_\_\_\_

IN CASE OF EMERGENCY NOTIFY:

PHONE:

This form serves as an application only. Since there may be a waiting list, notification of your acceptance for a weekend will be made by phone and email or mail. A non-refundable deposit of \$50.00 must accompany this application. THERE ARE NO ADDITIONAL COSTS TO YOU FOR YOUR WEEKEND. Make check payable to SOUTHSIDE VIRGINIA EMMAUS. After you have completed this application, please return it along with your check to your sponsor.

Your name and the name of your church may appear in the Emmaus Newsletter and/or on the Emmaus Website. Your permission allowing us to do this is requested:  Yes /  No

(Signature of Applicant) / Date

(Signature of Sponsor) / Date

**SPONSORSHIP - PLEASE READ THE FOLLOWING STATEMENT CAREFULLY AND GIVE IT PRAYERFUL CONSIDERATION.**

Emmaus is a method of Christian renewal in the church. Individuals recommended for Emmaus should be currently active in a local church. They should have a desire to deepen their faith and understanding of God's love and to become closer to Christ in their discipleship. Emmaus is meant for enrichment and development of Christian leaders, not recruitment. As a sponsor, you are required to provide information to the applicant to assist him/her in the decision to attend a weekend, to help him/her to enter fully into the Emmaus fellowship after the weekend, to provide prayer and other support (including financial—if financial help is needed please contact the weekend Lay Director or the Community Lay Director), and to provide transportation to and from the Emmaus weekend.

**TO BE COMPLETED BY SPONSOR** (write legibly or type):

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

Briefly state why you wish to Sponsor this Pilgrim.

\_\_\_\_\_  
Sponsor's name \_\_\_\_\_

Sponsor's address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Sponsor's Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Sponsor's Church \_\_\_\_\_

When did you attend your Weekend? # \_\_\_\_\_ Where? \_\_\_\_\_

Have you attended a Day of Deeper Understanding?  Yes /  No

Do you belong to a Reunion Group?  Yes /  No Do you attend regular gatherings?  Yes /  No

How many pilgrims have you sponsored in the past two years? \_\_\_\_\_

Sponsor's Signature \_\_\_\_\_

**Mail Completed Application and \$50.00 Deposit To:**

**Southside Virginia Emmaus**

**c/o Darlene Dix**

**11171 Courthouse Rd**

**Lunenburg, VA 23952**

**Or email to Darlene Dix at**

**Dixd01@gmail.com**

**FOR ADMINISTRATIVE USE ONLY:**

Date Application Received \_\_\_\_\_ Deposit Received from: Pilgrim Sponsor Other

Date \_\_\_\_\_ Amt. \_\_\_\_\_ Check # \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_