



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



Name: _____ Name you would like to be called: _____
 Last First Initial ("preferred first name" – for nametag)
 Address: _____
 City: _____ State: _____ Zip: _____ Email: _____
 Home Phone: ___ - ___ - ___ Work Phone: ___ - ___ - ___ Occupation _____ Ordained/Licensed Minister: Y/N
 Sex: M/F Age: __ Birth date (m/d/y): _____ Marital Status: _____ Spouse's name _____
 Has your spouse attended an Emmaus/Cursillo Weekend? _____ If yes, when and where? _____
 Church you attend: _____ Tel. No. _____ Denomination: _____
 Address: _____
 City: _____ State: _____ Zip: _____ Pastor's name _____
 Church organizations & activities with which you work: _____

PLEASE READ

Your Emmaus experience will/may involve physical activities such as walking, (indoors and outdoors), climbing stairs, and periods of sitting. If you need assistance such as a wheelchair, walker, or other device, please let us-know-in-this application! If you have dietary restrictions or special needs, please also tell us about them in this –application!

Do you have any physical handicaps or limitations that may affect your participation in the weekend? Yes / No
 If so, please specify: _____

Are you on a special diet/medication? Yes / No If yes. Specify: _____

Please list any medication you take on a daily basis: _____

Any allergies? Please list: _____

Do you play a musical instrument? If so what? _____ (Bring it with you.)

Briefly state why you wish to attend an EMMAUS weekend, what you expect to gain from it and anything else about yourself or faith journey you wish to share. _____

IN CASE OF EMERGENCY PLEASE NOTIFY: _____ PHONE: _____

A non-refundable deposit of \$30.00 must accompany this application. THERE ARE NO ADDITIONAL COSTS TO YOU FOR YOUR WEEKEND as expenses are being underwritten by gifts from individuals who have experienced a weekend and wish to share the experience with you. Please make check payable to SOUTHSIDE EMMAUS.

This is only an application. Notification of your acceptance for a weekend will be made by phone and mail about one (1) month before the weekend.

After you have completed this application, please return it to your sponsor for completion. Be sure to include your \$30.00 deposit check.

Your name and the name of your church may appear in the Emmaus Newsletter and/or on the Emmaus's 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 and 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

I WISH TO SPONSOR _____

Sponsor's name _____

Sponsor's address _____

City _____ State _____ Zip code _____

Sponsor's Phone (____) _____ Email _____

Sponsor's Church _____ Denomination _____

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

When and where did you attend your Weekend? _____

Have you attended a Day of Deeper Understanding? Y/N

Do you belong to a Reunion Group? Y/N Do you attend regular gatherings? Y/N

Sponsor's Signature _____

Please Mail Completed Application and \$30.00 Deposit To:

Southside Virginia Emmaus
C/O Joyce Redford
346 Trinity Road
Keysville, VA 23947

FOR ADMINISTRATIVE USE ONLY:

Date Application Received _____ Deposit Received from: _____ Date _____ Amt. _____

Date of and response to first invitation: _____

Date of and response to second invitation: _____

Date of and response to third invitation _____

Date attendance confirmation mailed: _____ Date waiting list letter mailed: _____

Date reapplication notice mailed to sponsor (**reapplication necessary after third invitation declined**): _____