



Pilgrim Application Form for Walk # _____

For administrative use only:

Name of Candidate _____ Church _____

Name of Sponsor _____ Church _____

Deposit _____ Balance Due _____

TO BE FILLED OUT BY THE CANDIDATE: This information is necessary for your proper placement in the Walk to Emmaus. Please print clearly, and be as detailed as you are comfortable in sharing. All information is kept confidential.

PERSONAL INFORMATION:

Full Name _____

First name as you'd like it written on name tag _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Date of Birth _____ Present Age _____ Gender _____

Marital Status (optional): Married ___ Single ___ Divorced ___ Widowed ___ Separated ___

Name of spouse (if applicable): _____

If applicable, has/will your spouse attend the Walk to Emmaus? Yes ___ No ___

Present Occupation _____

If retired, what was your occupation? _____

Do you have any health issues or physical limitations that may require accommodation during the Walk to Emmaus? Yes ___ No ___ If yes, please specify _____

Please list any allergies or dietary requirements: _____

Are you on medications? Yes: ___ No: ___ PLEASE remember to bring your medications!

Emergency Contact Name and phone number: _____

CHURCH INFORMATION:

Name and address of Church now attending: _____

Denomination _____ Pastor's Name _____

Religious or community organizations in which you are active _____

How did you learn about the Walk to Emmaus? _____

Has the Walk to Emmaus been explained to you by your sponsor? _____

Has the follow-up program of Emmaus Groups and the post-Emmaus meeting been explained to you by your sponsor? _____

Why do you wish to attend the Walk to Emmaus and what are your expectations?

Signature _____

The cost of the Walk is \$250, and a deposit of \$100.00 is required to hold your spot.

This is all inclusive, other than the option to purchase books during the event.

This deposit may be refunded up until 30 days before your Walk. After that date, there will be no refunds, but your deposit can be held for a subsequent Walk if you wish.

Please choose one of the following:

☐ I am able to pay the full cost of \$250. ☐ I would be able to pay a reduced cost of \$200.

☐ I will need more scholarship assistance and will contact my sponsor, or the SNE Emmaus Treasurer Coni Ferland at cjferland@gmail.com. *Please do not hesitate to ask for financial assistance, your request will be held in confidence.*

Please make checks payable to: SNE Emmaus.

You will receive an email from the Registrar regarding your application for the current Walk.

Thank you for your interest in the Southern New England Walk to Emmaus!

**PLEASE RETURN THIS APPLICATION,
ALONG WITH YOUR DEPOSIT, TO YOUR SPONSOR**