



# Georgia Walk to Emmaus

## Application

### APPLICANT INFORMATION One application per person

THIS IS ONLY AN APPLICATION. Notification of your enrollment for the weekend will be made by mail. After you have completed your part of this application, please give it to your sponsor. All information will be kept confidential. **INCOMPLETE APPLICATIONS WILL BE RETURNED.**

#### PLEASE PRINT CLEARLY:

Name \_\_\_\_\_ Name you wish on your name tag \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone: Home (\_\_\_\_) \_\_\_\_\_ Bus (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ Age \_\_\_\_ Marital Status \_\_\_\_  
 E-mail Address \_\_\_\_\_  
 Occupation \_\_\_\_\_ Spouse's Name \_\_\_\_\_  
 Name of your church \_\_\_\_\_ (member) \_\_\_\_ (visiting) \_\_\_\_  
 Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Is your spouse applying to attend the "adjacent" Walk?  Yes  No

### 2022 PATHWAY EAST GEORGIA WALK TO EMMAUS WEEKEND DATES

Men's (Feb 24<sup>th</sup> to 27<sup>th</sup>)

Women's (March 3<sup>rd</sup> - 6<sup>th</sup>)

### MEDICAL INFORMATION

List medical allergies, medications being taken, medical problems, special diet, special needs, or other pertinent information. **NOTE Please contact the registrar if there are any special needs.**

Name and phone # of a relative not living with you \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ Relationship \_\_\_\_\_  
 Do you have First Responder or professional medical training  Yes  No If Yes, specify \_\_\_\_\_

### APPLICANT'S PASTOR INFORMATION

Pastor Signature \_\_\_\_\_ Church \_\_\_\_\_ Date \_\_\_\_\_  
 Please Print Name \_\_\_\_\_

### SPONSOR INFORMATION

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 become closer to Christ in their discipleship. 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 enter fully into the Emmaus fellowship after the weekend, to provide prayer and other support and to provide transportation to and from Salem UMC. Please be sure to encourage husband and wife to both attend Emmaus.

Sponsor's Name \_\_\_\_\_ Signature \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone: Home (\_\_\_\_) \_\_\_\_\_ Bus (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_  
 e-mail address \_\_\_\_\_ First Time Sponsor? \_\_\_\_\_  
 Name of your church \_\_\_\_\_ (member) \_\_\_\_ (visiting) \_\_\_\_

EMMAUS "type" movement you attended \_\_\_\_\_

### FEES & SUBMISSION INFORMATION

Please check one:

- \$110 Registration Fee & completed Application Enclosed.
- Other \_\_\_\_\_

**Please make checks payable to:  
Pathway East Georgia Walk to Emmaus**

If we cancel the walk or you are unable to attend, your payment will be refunded in full.

**Sponsors:** Please mail this completed application and payment of fees to:

**Brad Newton  
 PEGWTE Registration  
 12526 Madison Drive  
 Dunwoody GA 30346**

**At Salem UMC, smoking is permitted in a designated, outside area only. All buildings are smoke free.**