



WALK TO EMMAUS 2018 APPLICATION

NOTE: This is only an application. Notification of your assigned weekend will be made by mail. All information requested is necessary for your proper placement on a Walk to Emmaus Weekend. Placement will be made based on date received at the NGWTE office and availability of space. **You must be sponsored** on your Walk by someone who has completed a Walk to Emmaus, Cursillo, Chrysalis, Tres Dias, or similar weekend. **After you have completed this application, please give it to your sponsor so they may submit it for you.**

Office Use Only	
Date Received:	_____
Asg. Letter:	_____
Conf. Letter:	_____
Walk Assigned:	_____
Amount:	_____

2018 WALKS

Mark your first choice with a "1" and your second choice with a "2". Married couples should attend consecutive weekends if possible.

Men's #187 Mar. 15-18 _____	Men's #188 Apr. 12-15 _____	Men's #189 Apr. 26-29 _____	Men's #190 Sep. 13-16 _____	Men's #191 Oct. 11-14 _____	Men's #192 Nov. 1-4 _____
Women's #219 Mar. 22-25 _____	Women's #220 Apr. 19-22 _____	Women's #221 May 3-6 _____	Women's #222 Sep. 20-23 _____	Women's #223 Oct. 18-21 _____	Women's #224 Nov 8-11 _____

Applicant Information

First Name:		Last Name:		Name for Tag:	
Address:			City:		State: ZIP:
Home Phone:		Business Phone:		Cell Phone:	
Email:		Occupation:		Date of Birth:	Age:
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed				Has Spouse Attended Emmaus? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is spouse attending adjacent walk? <input type="checkbox"/> Yes <input type="checkbox"/> No			Spouse's Name:		

Medical Information (MUST be completed)

Please list any physical limitations or restrictions?

Do you take any medications during the day (other than "at bedtime" or "upon arising")? Yes No

Please specify any special dietary needs and list known allergies:

Emergency Contact (other than Sponsor or Spouse)

Name:	Relationship:	Phone:
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Consent and Waiver

In consideration of participating in a Walk to Emmaus, I release North Georgia Walk to Emmaus, Inc., the King's Retreat, its Co-Board members, officers, Trustees, members, legal representatives, successors and assigns from claims of any kind for any damages or injuries, including but not limited to attorney's fees and expenses, relating to my participation in a Walk to Emmaus. Any claim, controversy or dispute arising from or related to the Walk to Emmaus, or this agreement or breach thereof, shall be settled by mediation and, if mediation is unsuccessful, by arbitration which shall be the sole and exclusive remedy, except to enforce an arbitration decision. This paragraph is governed by the Federal Arbitration Act (9 USC §§ 1-16) and shall continue to govern any dispute that may arise during or relating to any term of service or participation with North Georgia Walk to Emmaus, Inc., even after such service or participation is terminated for any reason.

Applicant Signature:	Date:
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Payment Information

The fee to attend the Walk to Emmaus is \$110. Checks should be made payable to NGWTE. You may also pay using PayPal by visiting the NGWTE website at www.ngwte.org. In the event you must cancel, please have your sponsor notify Registration as soon as possible so that you may be rescheduled. Sponsors should check this form for completeness and then submit with fee.

Mail To: Nancy Taylor / NGWTE Registration 339 Lands Mill Marietta, GA 30067 770-850-9639	Scan & Email To: registration@ngwte.org	Payment Method (Check one): <input type="checkbox"/> Check/Cash Enclosed <input type="checkbox"/> Paypal (\$5 Service Fee) <input type="checkbox"/> Voucher (Name: _____) <input type="checkbox"/> Fee Gifted by _____ <input type="checkbox"/> Pastor Scholarship
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Sponsor Information (ALL blanks MUST be completed.)

First Name:		Last Name:	
Address:		City:	State: ZIP:
Home Phone:	Business Phone:	Cell Phone:	
Email:			
Church Name/Location:		Attend regularly? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Where did you make your Walk to Emmaus?		When?	Weekend Number:

Please verify the following statements are true by placing a check on each box preceding the statement.

- If applicable, I have discussed the walk with my pilgrim's spouse and encouraged the spouse to attend the adjacent weekend.
- I am praying for my pilgrim.
- I have explained the Emmaus Walk to my pilgrim.
- I understand that I am to bring my pilgrim to King's Retreat on Thursday for send-off at 7:00pm.
- I will accompany my pilgrim to the first gathering following my pilgrim's walk.
- I will assist my pilgrim in getting established into a reunion group after the walk.
- I have read the sponsorship information provided on the website (www.ngwte.org).
- I understand the importance of minimal contact with my pilgrim during the weekend, especially if the candidate is my spouse.

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 King's Retreat. Please be sure to encourage BOTH husband and wife to attend Emmaus. As a sponsor, your signature is a covenant to a vital responsibility as a member of the Emmaus Community.

Signature

Sponsor Signature:	Date:
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Applicant's Church and Pastor Information

The focus of The Walk To Emmaus is God, as known in Jesus Christ, and how that finds expression in the local church. The objective of the Walk to Emmaus is to inspire, challenge, and equip local church members for Christian action in their homes, churches, and places of work. Emmaus lifts up a way for our grace-filled life to be lived and shared with others.

Church Information

Church Name:		Church Phone:	
Address:		City:	State: ZIP:

Pastor Information

Pastor Name:		Pastor Title:	
Pastor Phone:		Pastor Email:	
Attended 3-Day Weekend? <input type="checkbox"/> Yes <input type="checkbox"/> No	Where?	When?	Weekend #:

Signature

Pastor Signature (Required):	Date:
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