

WALK APPLICATION (EDWE)
EVANSVILLE DISTRICT WALK TO EMMAUS
PLEASE PRINT OR TYPE REVISED 10.01.2016

Applicant Information

Name: _____ Name tag: _____ Gender (M / F) Birth date ____/____/____ Are you Clergy? (Y / N)
Street Address _____ City: _____ State: _____ Zip: _____
Home Phone: (____) _____ Work Phone: (____) _____ Cell: (____) _____
Email Address: _____ Occupation: _____
Marital Status: _____ Spouse's Name: _____ Spouse Attended Emmaus? (Y / N) Attending Adjacent Walk? (Y / N)
~ Do you have any physical limitations? (Y / N) Please Specify _____
~ Do you have special dietary needs (e.g. vegetarian, diabetic) (Y / N) Please Specify _____
~ Do you take any medications (other than upon arising or going to bed), (Y / N) Please Specify _____
~ Sleeping arrangements will be in group rooms with bunk beds. Please indicate if you are able to use an upper bunk (Y / N)
Has the purpose of the Walk been explained to you? (Y / N) Have the follow-up activities been explained to you? (Y / N)
Emergency Contact – Other than Sponsor – nearest relative not living with you _____
Relationship to you: _____ Phone No.: (____) _____ Cell: (____) _____
Street Address: _____ City: _____ State: _____ Zip: _____
Church you attend: _____ Church Address: _____
Pastor's Name: _____ Pastor's Phone: (____) _____

Applicant's Signature: _____ **Date:** _____

Please Note: A NON Refundable deposit of \$50.00 must accompany this application. Make any checks payable to EDWE (Evansville District Walk to Emmaus). **The Balance of \$75.00 (check please) is due at the beginning of the weekend.** This is only an application to attend a weekend. Notification of your acceptance for a specific weekend will be made by mail or Email about one month after the application is received. After completing the application please return it with the check to your sponsor for their completion. ** If additional space is required please continue on the back page.

Sponsor Information – to be completed by sponsor

Please verify that applicant has answered "Y" and the "purpose of the walk" and "follow up activities" have been explained. If applicant has a spouse who has not made the walk then discuss with spouse the possibility of spouse's making a walk also. Confirm the following items and verify you are prepared to fulfill sponsor responsibilities listed..... (Y / N)

- ___ I will avoid serving in the conference room on my pilgrim's walk
- ___ I will transport my pilgrim to and from walk
- ___ I will take my pilgrim to dinner before and/or after the walk (Your Agape)
- ___ I will cover my pilgrim's home needs during the walk
- ___ I will check my pilgrim in at registration and attend "Sendoff" & "Sponsor's Hour", "Candlelight", "Closing" and take them home
- ___ I will follow-up with my pilgrim after the walk: Follow-up meeting, Reunion Group, Gatherings
- ___ I have read "Sponsorship" on the EDWE Website

Sponsor's Name: _____
Street Address: _____ City: _____ State: _____ Zip: _____
Home Phone: (____) _____ Work Phone: (____) _____ Cell: (____) _____
Email Address: _____ Church you attend: _____

Where/ When was your Walk? _____
I covenant to support this candidate in their 4th Day Walk!

Sponsor's Signature: _____ **Date:** _____

Sponsor: Verify form is complete, \$50 deposit is enclosed & mail to: EDWE, PO Box 3937, Evansville, IN 47737-3937

REGISTRATION USE ONLY

Date Received ____/____/____ Placed in Database: ____/____/____
Deposit Paid \$ _____ Check # _____ Cash \$ _____ Due \$ _____ Scholarship \$ _____
Hold: Yes / No Hold # _____ Reason: (walk full, unable to attend, other, etc.) _____
Verify Letter: _____ Sponsor Letter: _____ Regret Letter: _____ Move to following Walk: _____