

# WALK APPLICATION: EVANSVILLE DISTRICT WALK TO EMMAUS (EDWE)

Revised Aug. 2019

APPLICANT'S NAME \_\_\_\_\_ SPONSOR'S NAME \_\_\_\_\_

## APPLICANT INFORMATION PLEASE PRINT OR TYPE

APPLICANT'S NAME \_\_\_\_\_ NAME ON TAG \_\_\_\_\_

GENDER \_\_\_\_\_ BIRTH DATE \_\_\_\_\_ CLERGY Y \_\_\_\_\_ N \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE # \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

OCCUPATION \_\_\_\_\_ MARITAL STATUS \_\_\_\_\_

SPOUSE'S NAME \_\_\_\_\_ ATTENDED WALK# \_\_\_\_\_ Attending adjacent walk? \_\_\_\_\_

DO YOU HAVE ANY PHYSICAL LIMITATIONS? \_\_\_\_\_ PLEASE SPECIFY \_\_\_\_\_

DO YOU HAVE SPECIAL DIETARY NEEDS? \_\_\_\_\_ PLEASE SPECIFY \_\_\_\_\_

DO YOU TAKE MEDICATIONS? \_\_\_\_\_ (Let us know if we will need to notify you at a specific time of day to take your meds.)

SLEEPING ARRANGEMENTS: Group rooms with bunkbeds. Are you able to use upper bunk? \_\_\_\_\_

HAS THE PURPOSE OF THE WALK BEEN EXPLAINED TO YOU? \_\_\_\_\_

HAVE FOLLOW-UP ACTIVITIES BEEN EXPLAINED TO YOU? \_\_\_\_\_

EMERGENCY CONTACT: (other than sponsor) nearest relative not living with you? \_\_\_\_\_

RELATIONSHIP TO YOU \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

ADDRESS \_\_\_\_\_

CHURCH YOU ATTEND \_\_\_\_\_ ADDRESS \_\_\_\_\_

PASTOR'S NAME \_\_\_\_\_ PASTOR'S PHONE # \_\_\_\_\_

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**Please note: The cost of the Walk is \$125.** A non-refundable deposit of **\$50** must accompany this application. Please make checks payable to EDWE (Evansville District Walk to Emmaus.) The balance of **\$75** is due at the check-in table before you go to your room the night of the walk.

This is an application to attend a Walk. A notification of your acceptance for a specific walk will be made by mail or email to you about a month before the walk is due to start. After completing this application please return it with the check to your sponsor for their completion.

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APPLICANT'S NAME \_\_\_\_\_ SPONSOR'S NAME \_\_\_\_\_

**SPONSOR'S INFORMATION**

**PLEASE PRINT OR TYPE**

(to be completed and turned in with application)

SPONSOR'S NAME \_\_\_\_\_ Address \_\_\_\_\_

PHONE # \_\_\_\_\_ Email \_\_\_\_\_ Church you attend \_\_\_\_\_

WHERE/WHEN WAS YOUR WALK? \_\_\_\_\_

**I COVENANT TO SUPPORT THIS CANDIDATE IN THEIR 4TH DAY WALK!!!!!!!**

Sponsor's Signature \_\_\_\_\_ Date \_\_\_\_\_

**SPONSOR: CHECK APPLICATION!!!** VERIFY ALL INFORMATION ON FORM IS COMPLETE & \$50 deposit is enclosed, with BOTH PAGES of application. Mail to: EDWE, PO Box 805, Evansville, IN 47705.

**Did applicant answer YES to the question, "was the purpose of the walk and follow-up activities explained to you?" This application will not be accepted if they do not answer YES or left it blank.**

**Reminder: If applicant's spouse has not attended a walk, please discuss the possibility of them attending the adjacent walk.**

**Confirm the following items and verify you are prepared to fulfill sponsor responsibilities listed:**

\_\_\_ I will avoid serving in the conference room on my pilgrim's walk

\_\_\_ I will transport my pilgrim to and from walk, check them in, take them to their room and make their bed, eat with them, and stay for Sponsor's Hour after the Send Off.

\_\_\_ I will make sure my pilgrim's home needs are covered during the Walk.

\_\_\_ I will follow-up with my pilgrim after the Walk:

- Help him/her attend the Follow-up Critique meeting
- Attend Gatherings with pilgrim
- Help them get into a Reunion Group.

\_\_\_ I have read the EDWE "Sponsorship" letter and will try to attend a Sponsorship class.

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**REGISTRAR ONLY**

Date received \_\_\_\_\_ Date Placed in Database \_\_\_\_\_ Deposit Paid \$ \_CK# \_\_\_\_\_

Cash \$ \_\_\_\_\_ Due \$ \_\_\_\_\_ Scholarship \$ \_\_\_\_\_

Hold: Y / N    Hold # \_ Reason? \_\_\_\_\_ Move to following walk: \_\_\_\_\_

Letters sent: Verify \_\_\_\_\_ Sponsor Letter: \_\_\_\_\_ Regret letter \_\_\_\_\_