

**PAMLICO COMMUNITY - THE UPPER ROOM WALK TO EMMAUS
REQUEST FOR RESERVATION – 2019**

This is only an application. Upon completion of your part of the application, please return it to your sponsor. All information will be kept confidential. Incomplete applications will be returned. Notification of your enrollment for a weekend will be made by mail. This application is in effect for one year.

APPLICANT INFORMATION (One Application per Person) *PLEASE PRINT NEATLY OR TYPE*

Name _____ Home Phone (____) _____

Cell Phone (____) _____

Mailing Address _____ Work Phone (____) _____

City: _____ State: _____ Zip Code: _____

Name you want on your name tag: _____

Email Address: _____

Name and Denomination of Church now attending: _____

Pastor's Name: _____ You are encouraged to share with your pastor your intention to attend a Walk to Emmaus.

Your Age: _____ Birthday: _____ Male: _____ Female _____ Number of Children: _____

You are now: Married _____ Single _____ Divorced _____ Widowed _____ Separated _____

If married, name of spouse: _____

Person to contact in case of emergency: (Other than spouse and their relationship to you)

Name _____ Relationship _____ Phone _____

In case of emergency, may we contact your sponsor? Y ___ N ___

Has your spouse applied to Walk? Y ___ N ___ When and Where? _____

Occupation: _____ Are you clergy? Y ___ N ___ (for information only)

Has the walk purpose been explained to you by your sponsor? _____

PAMLICO EMMAUS UPCOMING WEEKEND DATES (Please Check One:)

MEN'S Walk 79
Date: April 4-7, 2019

WOMEN'S Walk 80
Date: May 2-5, 2019

Location: Camp Caroline
Araphoe, NC

Be sure to check these dates carefully. Married couples are encouraged to attend consecutive weekends.

MEDICAL INFORMATION

Name of Insurance Company _____

Policy Number _____ Phone Number _____

If you have any special dietary needs, please indicate _____

If you are on any special medications, should we be aware of any specific instructions? _____

If you have any health or physical handicaps, please indicate _____

Do you smoke? _____

GENERAL INFORMATION

Please give a brief statement about why you would like to attend an Emmaus weekend and what you expect from it. _____

Please list your involvement in Church & Community Activities: _____

APPLICANTS SIGNATURE: _____ DATE: _____

All monies are due (\$60.00 pilgrim fee plus the sponsor fee) at the time the application is sent in. Confirmation letters will be sent out 3 to 4 weeks prior to your weekend. If you need financial assistance, please contact your sponsor.

APPLICANT: RETURN COMPLETED APPLICATION FORM TO YOUR SPONSOR

SPONSOR INFORMATION: (To be completed by sponsor only.)

EMMAUS is a method of Christian renewal in the church. Individuals recommended for EMMAUS should be currently active and have a desire to deepen their faith and become closer to Christ in discipleship. As a sponsor you are required to provide information to the applicant to assist him/her in the decision to attend the weekend, to help him/her enter fully into the EMMAUS fellowship after the weekend, to provide prayer, to provide other support (including financial) as required to insure they are met before, during and following the weekend and to provide transportation to and from the EMMAUS weekend.

Sponsor's Name: _____ Signature: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone:() _____ Business Phone:() _____

E-Mail address: _____

Name of your church: _____

EMMAUS "type" movement you attended: _____

Have you read the Sponsorship Book? Y ___ N ___? It is available at gatherings.

First time sponsor? Y ___ N ___ Number of applicants you are sponsoring on this walk? _____

NOTE: *It is a requirement that you have attended Fourth Day Follow-Up.*

Have you attended a Fourth Day Follow-Up? _____ When? _____

Has the applicant applied for a previous walk? Y ___ N ___

Comments: _____

Sponsors: After reviewing the application and being sure that it is filled out completely with all required signatures, please mail to:

PAMLICO EMMAUS
Sheila Irish-Reece
211 Manor Hills Road
Lillington, NC 27546

ADMINISTRATIVE USE ONLY: Date application received _____

Check number _____

Form Updated: 1/3/19

Check amount _____