

# Central Mississippi Walk to Emmaus Pilgrim/Sponsor Application

This form can also be completed online at [centralmsemmaus.com](http://centralmsemmaus.com)



Pilgrim's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Walk Request: April Men: \_\_\_\_\_ April Women: \_\_\_\_\_ July Women: \_\_\_\_\_ October Men: \_\_\_\_\_ October Women: \_\_\_\_\_

Name On Name Tag: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ # of Children \_\_\_\_\_

Church now attending \_\_\_\_\_ Pastor: \_\_\_\_\_

Married \_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_ Separated \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

If Married, has spouse been on Walk to Emmaus? Yes \_\_\_\_\_ No \_\_\_\_\_ Applied for Walk? Yes \_\_\_\_\_ No \_\_\_\_\_

Has the Walk to Emmaus, follow-up program of Emmaus groups, and post Emmaus meetings been explained to you? \_\_\_\_\_

In what religious or community organizations are you active? \_\_\_\_\_

Are you on a special diet? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what: \_\_\_\_\_

Do you have a health problem or physical handicap that may affect your attendance at a Walk to Emmaus?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please specify: \_\_\_\_\_

State briefly why you wish to be involved in the Emmaus community and what you expect from it:

\_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

PLEASE DO NOT BRING YOUR CELL PHONE TO YOUR 72 HOUR WALK WEEKEND.

Sponsor Name \_\_\_\_\_ Phone # \_\_\_\_\_ Original Walk # \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Do you know the responsibilities of a sponsor and are you willing to be a responsible sponsor? Yes \_\_\_\_\_ No \_\_\_\_\_

Please mail completed form with a check payable to Central MS Emmaus for \$25.00 (non-refundable deposit) to:

Monica Parker

17 Colton Drive

Merigold, MS 38759

[centralmsemmaus@gmail.com](mailto:centralmsemmaus@gmail.com)