

**PAMLICO COMMUNITY - THE UPPER ROOM WALK TO EMMAUS  
REQUEST FOR RESERVATION – 2018**

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:)

WOMEN'S Walk 77  
Date: April 12-15, 2018

MEN'S Walk 78  
Date: May 3-6, 2018

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? \_\_\_\_\_

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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 (\$50.00 pilgrim fee and sponsor fee) at the time of 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: 7/13/16

Check amount \_\_\_\_\_