

**WALK TO EMMAUS PILGRIM APPLICATION**  
**New Covenant Emmaus Community**

<b>(Office Use Only)</b>	<b>Date rec'd:</b>	<b>Dep:</b>	<b>Inv:</b>	<b>Sp:</b>	<b>Db:</b>	<b>Walk#:</b>
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**TO BE FILLED OUT BY PILGRIM AND RETURNED TO SPONSOR (PLEASE PRINT)**

Name: \_\_\_\_\_ Name wanted on name-tag: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Sex (M / F): \_\_\_\_\_ Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_ DOB: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Occupation: \_\_\_\_\_

Church & denomination: \_\_\_\_\_ Pastor: \_\_\_\_\_

Address of Church \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Spouse's name: \_\_\_\_\_ Has your spouse attended a Walk? \_\_\_\_\_

Have these been explained to you: Emmaus Walk? \_\_\_\_\_ Follow-up? \_\_\_\_\_ Reunion Group? \_\_\_\_\_

Do you require any physical assistance or special bunking requirements (upper or lower bunk, electrical outlet, etc.) at the camp \_\_\_\_\_

Do you take any medications other than at bedtime, rising or mealtimes? \_\_\_\_\_

List any dietary needs or restrictions: \_\_\_\_\_

**Are you willing to give up your watch, cell phone and ALL other Electronic Devices for the entire 72 hours? \_\_\_\_\_**

In consideration of the opportunity to participate in the New Covenant Walk to Emmaus, I hereby release the New Covenant Emmaus Community, its officers, agents, any employees, staff and volunteers from any and all liability of any kind whatsoever for any loss or injury to myself arising from my participation in any New Covenant Walk to Emmaus or other community activity. I agree to indemnify and hold forever harmless the New Covenant Emmaus Community, its officers, agents, employees, staff, and volunteers from any and all liability of any kind whatsoever, including loss or injury resulting from negligence or gross negligence.

AGREED to this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. Signature: \_\_\_\_\_

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**TO BE FILLED OUT BY SPONSOR AND MAILED TO REGISTRAR (PLEASE PRINT)**

Name: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

Date, location and # of your walk: \_\_\_\_\_

Church & Denomination: \_\_\_\_\_ Reunion Group: \_\_\_\_\_

How long have you known this pilgrim? \_\_\_\_\_ Are you familiar with the responsibilities of a sponsor? \_\_\_\_\_

Are you prepared to fulfill those responsibilities? \_\_\_\_\_ Comments (use reverse side if necessary): \_\_\_\_\_

The total cost for the three day Walk to Emmaus is \$125.00. A non-refundable deposit of \$30.00 is required to be placed on the waiting list. The remainder of the cost is due no later than Thursday at Walk registration. An invitation will be sent informing you and the Pilgrim of the exact walk date. Mail this completed application with deposit to:

**New Covenant Emmaus Community, P.O. Box 442, Ardmore, TN 38449**

For more info e-mail: Registrar@newcovenantemmaus.com

Note: This form may also be submitted by e-mail or fax; however, application will not be considered complete until both the form and the deposit have been received by the registrar.