

Northern Kentucky Walk to Emmaus Application

Please complete and return this form to your Sponsor

Name _____ for Name Tag _____

Address _____ City _____ State _____ Zip _____

Phone: Home _____ Cell _____ email _____

Male Female Marital Status: Married Single Divorced Widowed Separated

Birthday: ___/___/_____ Occupation: _____

Name of church you attend _____ Denomination _____

In what church activities are you involved? _____

Pastor's Name: _____ Pastor's Signature: _____

Emergency Contact

Name: _____ Phone: _____ Relationship _____

Name of close friend other than sponsor _____ Close friend phone () _____

Do you have a physical limitation or health problem such as climbing stairs, hearing impairments, or any other impairment or illness that may affect your participation on the weekend? Yes No

If Yes, explain: _____

Do you have any special dietary needs? Yes No

If Yes, explain: _____

State briefly why you want to be attend the Walk to Emmaus:

The Walk to Emmaus is a spiritual renewal program intended to strengthen the local church. The walk begins Thursday evening and concludes Sunday evening. It consists of 15 talks by clergy and laity; each followed by silent reflection, discussion, and creative responses. There are special times of worship and daily celebration of Holy Communion. You are asked to leave watches, phones, and electronic devices at home. Smoking is permitted outside only in designated locations.

I have read above statement. Please contact your sponsor should you have any questions.

Signature: _____ Date: ___/___/_____

Fees: As of 8/1/2024 – Pilgrim: \$250 - Team: \$200. Please enclose a deposit of \$50 to be applied to the total fee.

***** LIMITED TIME ONLY *** Team and Pilgrims can pay \$195 for Women's Walk #50 if paid in full by 8/1/2024.**

The balance of the fee is due upon your arrival at the Walk. The deposit is non-refundable. Refund requests reviewed on a case-by-case basis.

Scholarship Request: I would like to request a scholarship in the amount of: \$_____ (Minimum payment of \$50 for anyone requesting a scholarship). You will be notified upon approval of your request.

Checks should be made payable to Northern Kentucky Emmaus

Sponsor Section

Pilgrim Name: _____

Sponsor Name: _____ Phone #: _____

Sponsor's email: _____

How do you know pilgrim? _____ How long? _____

How do you think the pilgrim will benefit from the Walk to Emmaus?

Is your applicant under any emotional strain (loss of job, death in family, divorce, legal issues, etc.)? Yes No

Does your applicant have an addiction that would prevent full participation? Yes No

If yes to either of above, please explain:

Is your applicant a believer and in agreement with mainstream Christian doctrine? Yes No

Have you attended a Walk to Emmaus? Yes No If yes, what walk # _____

Will you bring your applicant to the weekend on Thursday and attend Sponsor's Hour? Yes No

Will you attend Candlelight? Yes No Will you attend Closing? Yes No

Will you bring applicant to first Gathering following the walk? Yes No

Will you collect Agape letters for your applicant? Yes No

If No to any of the above, please explain:

Signature: _____ Date: ___/___/_____

Return completed applicant's application, this application and money to:

Attn: Registrar

Northern Kentucky Emmaus

P.O. Box 17695

Lakeside Park, KY 41017