

# 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.**

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