

APPLICATION

To Attend an Emmaus Weekend

Walk Dates: TW-88 Men Oct 15 - 18, 2009
TW-90 Men April 15 - 18, 2010

TW-89 Women Oct. 22 - 25, 2009
TW-91 Women April 29&30 - May 1&2, 2010

Name: _____ Name you would like to be called: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Birth date: _____

Home ph: _____ Cell ph: _____

Work ph: _____ Occupation: _____

Sex: M / F Marital Status: _____ Spouse's first name: _____

PLEASE READ THIS NEXT PARAGRAPH VERY CAREFULLY

Your Emmaus experience will involve physical activity to include walking (indoors and outdoors on "trails"), climbing stairs, periods of sitting, and outdoor activities. You may wish to consult your physician to verify that you should participate in such activities before you complete this application. If you need assistance such as a wheelchair, walker, or other device, please let us know - in this application! If you have dietary restrictions or special needs, please also tell us about them in this application!

Do you have any physical handicaps or limitations that may affect your participation in this weekend? Yes / No

If so, please specify: _____

Do you use or need a wheelchair, walker or other device? Yes / No _____

Are you on a special diet/medication? Yes / No If so, please specify: _____

Do you play a musical instrument? If so what? _____ (Please Bring it with you)

Church you attend: _____ Minister: _____

City: _____ State: _____ Zip: _____

Church organizations with which you work: _____

Please give a brief, frank statement about why you would like to attend an Emmaus weekend, what you expect from it and anything about yourself and your faith you wish to share: _____

- This application must be accompanied by a non-refundable \$50.00 deposit. Make checks payable to Tidewater Emmaus.
- There are no additional costs to you for your weekend. Other weekend expenses are being underwritten by gifts from individuals who have experienced a weekend and wish to share the with you
- This is only an application. Notification of your acceptance for a weekend will be made by phone and mail about one (1) month before the actual weekend. (2009 dates are at the top of this application.)
- After you have completed this application, please return it to your sponsor. *Be sure to include your \$50.00 deposit check*

Signature of Applicant : _____

Signature of Sponsor : _____

Sponsorship

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SPONSORS: PLEASE READ THE FOLLOWING STATEMENT CAREFULLY AND GIVE IT PRAYERFUL CONSIDERATION:

Emmaus is a method Christian renewal in the church. Individuals recommended for Emmaus should be currently active in a local church and have a desire to deepen their faith and to become closer to Christ in their discipleship. As a sponsor, you are required to provide information to assist him/her in the decision to attend a weekend, to help him/her to enter fully into the Emmaus fellowship AFTER the weekend, to provide prayer and other support (including financial), and to provide transportation to and from the Emmaus Weekend. *Sponsors should remember that n Emmaus experience involves some substantial physical exertion (walking, stairs, sitting for long periods, outdoor activities, etc.) Candidates may need to be evaluated by their physician before attempting an Emmaus experience. If your candidate has special needs because of physical limitations, please make those needs clear in this application, including special dietary/medication restrictions! We do not want to have a candidate leaving his/her Walk in an emergency.*

Sponsor (s): _____

Are you a first time Sponsor? _____ Please be prepared for the cost of the weekend.

Address: _____

City: _____ State: _____ Zip: _____

Home ph: _____ Cell ph: _____

Work ph: _____ E-Mail _____

Church membership: _____

City: _____ State: _____ Zip: _____

Where, when and what type (i.e. Emmaus, Cursillo, Chrysalis, etc.) of weekend id you attend? _____

Candidate information to be filled out by the Sponsor

Is candidate clergy? Yes _____ No _____

Has candidate's spouse attended a weekend? Yes ___ If yes, where & when? _____ No ___

Has candidate's spouse applied for a weekend? Yes No If yes, where & when?

Sponsor's Signature: _____ Date: _____

Please mail completed application and \$50.00 deposit to: **Tidewater Emmaus**
P. O. Box 61485
Virginia Beach, VA 23466-1485

For Admin. Use Only

Date application received: _____

Deposit received from: _____

Date postcard mailed to pilgrim acknowledging receipt of application: _____

Date of and response to first invitation: _____

Date of and response to second invitation: _____

Date of and response to third invitation: _____

Date attendance confirmation mailed: _____

Date waiting list letter mailed: _____

Date reapplication notice mailed to sponsor: _____

(reapplication necessary after third invitation declined)