

**Pennyrile Area Walk to Emmaus
Weekend Application**

This Section For Registrar Only

Date Received: _____ Deposit Received: _____ Letter Sent: _____ Walk Number _____ Date: _____

Name: _____ Gender: M F Desired Name on Button: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) Email Address: _____

Church & Denomination: _____ Pastor: _____

Age: _____ Occupation/Employer: _____ Work Phone: (_____)

Christian/Community Organizations you are active in: _____

Spouses Name: _____

If Spouse has attended Walk, When: _____ Where: _____ Walk Number: _____

Have these been explained (Y/N): Emmaus Weekend: _____ Follow-up Meeting: _____ Reunion Groups: _____

Have sleeping accommodations been addressed by your sponsor? _____

Describe any special diet required or medication you may be on: _____

Describe any health or physical problems that may affect your weekend: _____

Briefly state why you decided to attend a Walk to Emmaus: _____

(use back of this form if necessary)

Please enclose a non-refundable Pre-registration deposit of \$10.00. This will be applied toward your contribution of \$60.00 (the remaining \$50.00 is due at registration) which partially offsets the expenses of the weekend.

Make Checks payable to: Pennyrile Area Walk to Emmaus

Signature: _____ Date: _____

Sponsor's information to be filled out by Sponsor, Form to be submitted by Sponsor.

Name: _____ Email Address: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (_____) Work Phone: (_____)

Church & Denomination: _____ Do you receive the monthly newsletter? _____

Your weekend location: _____ Date: _____ Number: _____

Number of candidates sponsored in the last year: _____ Reunion Group you attend: _____

How long have you known the candidate? _____ Is the Candidate prepared for the weekend? _____

Are you familiar with all the responsibilities of a sponsor? _____ Are you prepared to fulfill those responsibilities? _____

Any comments: _____

Signature of Sponsor: _____ Date: _____

Sponsor: Return completed application along with \$10.00 Check to:

Pennyrile Area Emmaus Registrar,

P.O. Box 156 Hopkinsville, KY 42241