

Lynchburg / Central Virginia WALK TO EMMAUS

Application to Attend a Walk to Emmaus Weekend

Weekend you wish to attend (see remarks below) _____

Name _____ Preferred Name _____ Spouse's Name _____

Address _____ City _____ St. _____ Zip _____

Home Phone _____ Work Phone _____ E-mail _____

Sex: M ___ F ___ Date of Birth _____ Occupation _____

Has your spouse ever attended an Emmaus weekend or similar three-day event? YES ___ NO ___
If yes, please indicate weekend location and number _____

Your Sponsor's Name _____

Do you have any special dietary concerns that may affect your participation? If so, please list below.

Do you have any special medical concerns or medications you take regularly? If so, please list below.

Do you have any special mobility concerns that may affect your participation? If so, please list below.

Would you be willing to sleep in a top bunk, if necessary? YES ___ NO ___

Do you play a musical instrument? If so, please list. _____ (Please bring it with you, if possible)

Your Church _____ Denomination _____ Pastor _____

Church address _____ City _____ St. _____ Zip _____

Church activities in which you participate _____

If you wish, please provide a brief statement explaining why you would like to attend an Emmaus Weekend.

- A \$50.00 deposit must accompany this application. There is no additional cost to you. The deposit is non-refundable unless Emmaus is unable to assign you to a Weekend. We attempt to place you on the weekend you request, but there is no guarantee, i.e., weekend already full, etc. Weekends are filled on a first-come, first-served basis as applications are received. It is not unusual for some Weekends to "sell out" months in advance.

- After completing this application return it to your sponsor with your \$50 registration fee. Checks may be made payable to "L/CVA Emmaus". Notification of your acceptance will be made by phone or by mail no later than a month prior to the Weekend date. Notification will be made earlier if a Weekend becomes full well in advance of the Weekend date. If, for any reason, you find you cannot attend the Weekend, please notify your sponsor

- **PLEASE NOTE that our weekend location site, Eagle Eyrie Baptist Conference Center, is a non-smoking facility.**

Signature of applicant _____ Date _____

Thank you for your interest in the Walk to Emmaus Weekend.

SPONSORSHIP

This page to be completed by Sponsor

As the sponsor of an Emmaus Weekend participant (Pilgrim) are you aware that it is your responsibility to:

- 1) Provide information to your Pilgrim about the Walk to Emmaus Weekend.
- 2) Receive the application from your Pilgrim and forward it and this sheet along with necessary payments to the Community registrar.
- 3) Provide transportation for your Pilgrim to and from the weekend location.
- 4) Provide prayer and moral support for your Pilgrim before, during, and after his/her Weekend.
- 5) Attend the Thursday Send-Off, Saturday Candlelight, and Sunday Closing events.
- 6) Do the best you can to see that your Pilgrim's family needs are met while he/she is attending the Weekend.
- 7) After the Weekend help your Pilgrim become established in the Emmaus Community through the Follow-Up meeting, Gatherings, and Group Reunions.
- 8) Attend the Follow-Up meeting with your Pilgrim.

ATTENTION: SPONSORS!

Do you understand that your commitment to sponsor an Emmaus Pilgrim is a life-long one realized through your prayer and support, and is a commitment that should not be taken lightly?

YES _____ NO _____

- The total cost for a Pilgrim to attend a Weekend is \$195.00. The cost to you as the Sponsor is \$145.00. Please include at least \$75.00 with this application. The balance is due by Send-Off on Thursday night of the Weekend. Checks may be made payable to "L/CVA Emmaus".

- A \$50.00 registration fee is required from the Pilgrim and should be included, too. You will be notified regarding your Pilgrim's acceptance to a Weekend. We attempt to place your Pilgrim on the weekend requested, but there is no guarantee, i.e., weekend already full, etc. Weekends are filled on a first-come, first-served basis as applications are received. It is not unusual for some Weekends to "sell out" months in advance.

- If the full amount of sponsorship is a burden for you, please considering co-sponsoring your Pilgrim with another Community member. A scholarship fund is available if you still need financial help. Please indicate how much assistance you may need. \$_____.

- Please notify the Registrar if your Pilgrim learns he or she cannot attend the Weekend.

Thank you for sharing the Walk to Emmaus experience with your Pilgrim. De Colores!

Our Walk to Emmaus Weekends are held at the Eagle Eyrie Baptist Conference Center, located just north of Lynchburg, VA, on U.S. Rt. 501. Please note that Eagle Eyrie is a non-smoking facility.

Sponsor's Name _____ Co-Sponsor _____

Sponsor's Address _____ City _____ St. _____ Zip _____

Home Phone _____ Work Phone _____ E-mail _____

Your Church _____ Denomination _____

When did you attend your Emmaus (or similar) weekend? Location and # _____

Your Pilgrim's Name _____

Sponsor's signature _____ Co-Sponsor Signature _____

Please mail application and payments to:

**L/CVA Emmaus - ATTN: Registrar
P. O. Box 11942
Lynchburg, VA 24506-1942**

For Registrar Use:

Date application postmarked _____

Pilgrim Reg. Fee received _____

Sponsor Deposit received _____

Rev: May, 2005