

***RICHMOND EMMAUS COMMUNITY***  
***APPLICATION TO ATTEND A "WALK TO EMMAUS" WEEKEND***

Name: \_\_\_\_\_ Preferred name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_  
Alternate Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Spouse's First Name: \_\_\_\_\_

Has your spouse attended a Walk to Emmaus or submitted an application to attend?  Y  N

Do you have any physical condition (including diet) that may affect your attendance?  Y  N

(If YES, please specify any dietary restrictions and/or medication so that we can accommodate your needs during your Walk. This information will be kept confidential and will not prevent you from attending a Walk.)

Home Church: \_\_\_\_\_ Denomination: \_\_\_\_\_

Church Address: \_\_\_\_\_ Church Phone Number: \_\_\_\_\_

Pastor: \_\_\_\_\_ Church work / committees you are involved in:

Please state briefly why you want to attend an Emmaus weekend, what you expect from the experience, and any other information about yourself or your faith you wish to share:

NOTE: This is an application expressing your desire to participate in a Walk to Emmaus event. You will receive notification of your acceptance for a weekend approximately one month beforehand; however, we cannot guarantee acceptance for a particular Walk.

A \$50.00 non-refundable application fee, made payable to "Richmond Emmaus," is required. **THERE ARE NO ADDITIONAL COSTS TO YOU FOR THE WEEKEND.** After completing this application, give it to your sponsor to complete Page 2 of this form, and include your \$50 application fee. If you have questions, please contact your sponsor.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**FOR SPONSOR COMPLETION:**

Sponsors, please read the following statement carefully and give it prayerful consideration:

Emmaus is a method of Christian renewal in the Church. The individual recommended for Emmaus must be currently active in a local church and have a desire to deepen his/her faith to become closer to Christ in his/her discipleship. As a Sponsor, you are required to provide information to assist the applicant in the decision to attend a weekend; to provide transportation to and from the Emmaus weekend; to help the applicant enter into the Emmaus fellowship after the weekend; to provide prayer support, and to assist the applicant in any other ways necessary.

If you agree to this commitment, complete the following information and mail it, along with the applicant's **non-refundable \$50 application fee**, to:  
Richmond Emmaus, Attn: Registrar; P.O. Box 1717, Midlothian, VA 23113

(Please complete all sections below - print LEGIBLY in black or blue ink)

Name: \_\_\_\_\_ Preferred name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State/Zip

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Home church: \_\_\_\_\_ Pastor: \_\_\_\_\_

Church address: \_\_\_\_\_  
Street City State/Zip

Date, Community and Walk # of your Emmaus Walk: \_\_\_\_\_

When did you attend: Fourth Day training: \_\_\_\_\_

Sponsorship training: \_\_\_\_\_

Any additional Emmaus training: \_\_\_\_\_

Are you currently in a Reunion Group or other Accountability Group?  Yes  No

Fourth Day Activities: \_\_\_\_\_

\_\_\_\_\_  
Sponsor's Signature

\_\_\_\_\_  
Date

The application receipt date is the date received by the Richmond Emmaus Registrar.

***For Registrar's Use Only:***

Date Application Received: \_\_\_\_\_

Application Fee Included:  Yes  No

Spouse's Application Received:  Yes  No