

Pilgrim Application



Walk Attending

Men's / Women's Spring / Fall

Contact Information

Name	
Street Address	
City ST ZIP Code	
Phone	
Alternative Phone	
E-Mail Address	

Personal Information

Date of Birth	
Occupation	
Marital Status (Circle One)	Single Married Separated Divorced Widow
Spouse Name (if applicable)	
Have they attended a Walk?	Yes No
If yes, Where & When?	
If no, have they applied?	Yes No
If no, Why?	
Church Name & Location	
Pastors Name	
Pastors Number	

To help you have a safe and enjoyable Walk to Emmaus, our team will need to know of any special medical or dietary need you may have.

The necessary information will help us to accommodate you at the Walk.

Medical Conditions that may limit your participation	
List any Medications and the time that it is need to be taken while on the Walk	
Special Dietary Needs	
Are you able to navigate stairs?	Yes No
Are you able reach & sleep on a top bunk?	Yes No (Please note bottom bunks are limited, causing you to be placed on waiting list)

Emergency Contact

Name	
Relationship	
Phone #	Day
	Evening
	Other

Sponsor Information

Name	
Phone #	
Relationship (Circle One)	Spouse Friend Father Mother Son Daughter Grandfather Grandmother Brother Sister Uncle Aunt Cousin Other: _____

Has your Sponsor Discussed the Following?

\$50 non-refundable deposit due with application?	Yes	No
\$90 due at Registration?	Yes	No
That the Walk begins Thursday Evening & ends Sunday Evening?	Yes	No
The importance of not using Cell Phones, Cameras, or any Social Media while on the Walk?	Yes	No

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a pilgrim, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

Thank you for completing this application form and for your interest in attending the SEI Walk to Emmaus.