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**APPLICATION TO ATTEND THE WALK TO EMMAUS
NORTHWEST NEW MEXICO EMMAUS COMMUNITY**

To be filled in by the candidate. All information is necessary for proper placement in the Walk to Emmaus. Please fill in all blanks (print or type)
Submit to EMMAUS REGISTRAR, P.O. Box 3624, Albuquerque, NM 87190

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Home Phone: _____

Email: _____ Age: _____ Cell Phone: _____

Occupation: _____ Work Phone: _____

Name You Would Like On Your Name Tag: _____

Marital Status: Married ___ Single ___ Widowed ___ Divorced ___ Number of Children: _____

Spouse's Name: _____

Has Spouse attended a Walk to Emmaus? No ___ Yes ___ Walk # _____

If No, is Spouse Registered for a Walk to Emmaus? No ___ Yes ___ Walk# _____

Name and Denomination of Church Now Attending: _____

Name, Address, and Phone Number of:

(a) Relative: _____

(b) Close Friend: _____

Has the Walk to Emmaus been explained to you, including post Emmaus follow-up? Yes ___ No ___

Do you have special dietary needs? Yes ___ No ___

If yes, please describe and note a typical menu: _____

If you are on a special medication, have a health problem, or a physical disability that may affect your attendance at the Walk to Emmaus, please specify: _____

Do you snore? Yes ___ No ___ Do you smoke? Yes ___ No ___

The fee for the weekend at Hummingbird Camp is \$150.

Please enclose a check(s), made payable to NW New Mexico Walk to Emmaus, for the full amount of the site you are attending. (Scholarships may be available. Ask your sponsor about an application.)

Payment will be deposited when it is received. Payment is refundable except for a \$35 cancellation fee. Refunds will be sent upon **written** request to the Registrar within 30 days after the Walk Weekend. In the event that you must cancel, **notify the Registrar immediately.**

Site insurance covers any accident. The **attendees' insurance** will cover any illnesses or hospitalization for a medical emergency not related to the Walk.

The Walk to Emmaus **begins Thursday evening and ends late afternoon on Sunday**. Please register **ONLY** if you can commit to the whole weekend. **Each individual attending must be sponsored by someone who has already attended a Walk to Emmaus Weekend**. After you complete this form, please return it, with your check, to your sponsor. Your Sponsor will mail it to the Registrar.

PASTOR MUST SIGN BELOW

CANDIDATE, SPONSOR, AND PASTOR ACKNOWLEDGEMENT

By signing below, we acknowledge our understanding that the purposes of the Walk to Emmaus program are Christian spiritual growth for the candidate, leading to better trained church leaders, and a more Christian environment in our homes, workplaces, communities, nation, and the world. We also understand that the Walk to Emmaus is not designed to be a first encounter with Christ, a grief or divorce recovery program, a marriage enrichment experience, nor a personal mental or spiritual therapy session. The sponsor and pastor acknowledge that they have responsibilities to the candidate before, during, and after the seventy-two hour Walk to Emmaus. With these understandings, we are pleased to state that the candidate named herein is currently an active church member and an outstanding prospect for the Walk to Emmaus.

Candidate's Signature: _____

Candidate's Pastor's Signature: _____

Candidate's Sponsor's Signature: _____