



# Georgia Walk to Emmaus

## Application

### APPLICANT INFORMATION One application per person

**THIS IS ONLY AN APPLICATION.** Notification of your enrollment for the weekend will be made by mail. After you have completed your part of this application, **please give it to your sponsor.** All information will be kept confidential. **INCOMPLETE APPLICATIONS WILL BE RETURNED.**

**PLEASE PRINT CLEARLY:**

Name \_\_\_\_\_ Name you wish on your name tag \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone: Home (\_\_\_\_) \_\_\_\_\_ Bus (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ Age \_\_\_\_ Marital Status \_\_\_\_  
 E-mail Address \_\_\_\_\_  
 Occupation \_\_\_\_\_ Spouse's Name \_\_\_\_\_  
 Name of your church \_\_\_\_\_ (member) \_\_\_\_\_ (visiting) \_\_\_\_\_  
 Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Is your spouse applying to attend the "adjacent" Walk?  Yes  No  
 T-Shirt size  S  M  L  XL  XXL Bunk Preference  Top  Bottom

### 2010 PATHWAY EAST GEORGIA WALK TO EMMAUS WEEKEND DATES

Men's #18 (April 15-18, 2010)  Women's #18 (April 22-25, 2010)   
 Men's #19 (October 14-17, 2010)  Women's #19 (October 21-24, 2010)

### MEDICAL INFORMATION

List medical allergies, medications being taken, medical problems, special diet, special needs, or other pertinent information. **NOTE The camp IS NOT handicap accessible; if this is an issue please have your sponsor contact Registrar below!**

\_\_\_\_\_  
 Name and phone # of a relative not living with you \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ Relationship \_\_\_\_\_  
 Do you have First Responder or professional medical training  Yes  No If Yes, specify \_\_\_\_\_

### APPLICANT'S PASTOR INFORMATION

Pastor Signature \_\_\_\_\_ Church \_\_\_\_\_ Date \_\_\_\_\_  
 Please Print Name \_\_\_\_\_

### SPONSOR INFORMATION

**EMMAUS** is a method of Christian renewal in the church. Individuals recommended for **EMMAUS** should be currently active in a local church and have a desire to deepen their faith and become closer to Christ in their discipleship. As a sponsor, you are required to provide information to the applicant to assist him/her in the decision to attend a weekend, to help him/her enter fully into the **EMMAUS** fellowship after the weekend, to provide prayer and other support and to provide transportation to and from Camp Westminster. **Please be sure to encourage husband and wife to both attend Emmaus.**

Sponsor's Name \_\_\_\_\_ Signature \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone: Home (\_\_\_\_) \_\_\_\_\_ Bus (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_  
 e-mail address \_\_\_\_\_ First Time Sponsor? \_\_\_\_\_  
 Name of your church \_\_\_\_\_ (member) \_\_\_\_\_ (visiting) \_\_\_\_\_  
**EMMAUS** "type" movement you attended \_\_\_\_\_

### COMPLETED APPLICATIONS

Please check one:  
 **\$85.00 Registration Fee Enclosed.**  
 **Registration Fee will be sent upon receipt of Assignment Letter.**  
 **Other** \_\_\_\_\_  
**Please make checks payable to:**  
**Pathway East Georgia Walk to Emmaus**  
 Cancellation prior to 2 weeks before the Walk Dates:  
 \$60.00 Refund of Fee \$25.00 Registration Process Fee  
 Cancellation within 2 weeks of the Walk Dates:  
 Fee is non-refundable, but may be applied to a future  
 Pathway East Walk upon request.

**Sponsors:** Please mail this completed application to:

**Nancy Preston**  
**PEGWTE Registration**  
**360 Glengarry Chase**  
**Covington, GA 30014**  
**770-714-7436**

**At Camp Westminster, smoking is permitted in a designated, outside area only. All buildings are smoke free.**