

Walk to Emmaus Pilgrim Application

Women's Walk, March 14-17, 2024/Camp Elim, Woodland Park, Colorado

Men's Walk, April 18-21, 2024, John Wesley Ranch, Divide, Colorado

Pilgrim Applicant: Please print & provide all information requested. (Spouses complete a separate application)

Print Name: _____ Male _____ Female _____

Address: _____ City _____ State _____ Zip _____

Home Phone: _____ Cell Phone: _____

Email Address *: _____

(*For Emmaus of the Rockies use only & to receive EOTR Newsletters and Announcements)

Name preferred for Name Tag (full name) _____ DOB _____ Age _____

Vocation _____ Company _____

Marital Status: Single _____ Married _____ Divorced _____ Widowed _____ Separated _____

Spouse Name: _____ Will your spouse attend the same set of walks? _____

Do you have health or physical limitations that may affect your participation during the Emmaus Walk? _____ If yes, specify:

(If necessary, use other side of application for further explanation.)

Do you have medically required dietary restrictions? _____ If yes, specify:

Do you use tobacco products? Yes _____ No _____

State briefly why you wish to attend a Walk to Emmaus weekend and what you expect from the experience:

Name & denomination of the Church you are now attending: _____

Minister's Name _____ Minister's Signature _____

Has the following been explained to you about the Walk to Emmaus? (Check all that apply)

72 Hour Walk to Emmaus weekend _____ Items to bring _____ Items not to bring _____

Fourth Day Meeting _____ Reunion Groups _____ Monthly Gatherings _____

Emergency Contact Name _____ Relationship _____ Phone _____

2nd Emergency Contact Name _____ Relationship _____ Phone _____

I intend to participate in the Walk to Emmaus (Thursday evening through Sunday evening & Fourth Day meeting).

Pilgrims Signature: _____ Date _____

Sponsor's Name _____ Date _____

Please enclose your non-refundable deposit of \$100.00. This will be applied toward your contribution of \$240.00, which partially offsets the expenses of your weekend. Make checks payable to Emmaus of the Rockies (EOTR). Total balance due 90 days prior to your Walk.

OFFICIAL USE ONLY

Walk Number _____ Date _____ to _____ Paid Deposit _____ Amount _____

Ck # _____

Acceptance Letter Mailed _____ Sponsor's Letter mailed _____

Confirmation received _____