

# Alabama Walk to Emmaus Application

(Held at Camp Sumatanga, Gallant, Alabama)



Alabama Emmaus Office  
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REV (9/2023)

The Walk to Emmaus is a 3-day experience sponsored by the Upper Room. The purpose of the walk is to foster spiritual renewal by offering a “short course in Christianity” and provide a model for Christian accountability groups. It is intended for established Christians who want a refresher in the basic tenets of our faith and an opportunity for spiritual development through the sharing of God’s grace.

**Section 1: To be completed by Candidate (Please print or type a response to all questions or application will be returned.)**

Name:		Name For Name Tag:	
Address:		Gender: Male	Female
City:		State:	Zip:
Phone (Home/Cell):		Email Address:	
Church You Attend (Include Denomination):			
Age:	Occupation/Employer:	Work Phone:	
Religious/Community Organizations You Are Involved In:			
Spouse’s Name:		Has Spouse Attended Or Now Scheduled For A Walk? Y N If Yes, Walk No.:	
Describe any special diet or medication schedule:			
Describe any health or physical problems that may affect your participation:			
Briefly state why you applied to attend the Walk To Emmaus:			

**Candidate Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

A pre-registration deposit of \$30.00 must be included with the application. This will be applied toward your registration fee of **\$200**. THE REMAINING BALANCE OF **\$170** IS TO BE PAID WHEN AN ASSIGNED WALK IS ACCEPTED. Make check payable to: Alabama Emmaus Community. Registration fees are subject to change. **PRE-REGISTRATION DEPOSIT IS NOT REFUNDABLE OR TRANSFERABLE.**

**Section 2: To be completed by Sponsor and Co-Sponsor (Please print or type a response to all questions or application will be returned.)**

Sponsor Name:		Email Address:	
Address:		City:	State: Zip:
Phone: (Home/Cell)		Church & Denomination:	
Cluster:		Your Walk Weekend: Location & Number?	
How long have you known your pilgrim?		Number of pilgrims sponsored last year?	
Co-Sponsor Name:		Email Address:	
Address:		City:	State: Zip:
Phone: (Home/Cell)		Church & Denomination:	
Cluster:		Your Walk Weekend: Location & Number?	
How long have you known your pilgrim?		Number of pilgrims sponsored last year?	

Any known health condition or situation that would prevent your pilgrim from completing the walk? Y N  
 If yes, please describe:

Are you familiar with the responsibilities of a sponsor? Y N    Are you prepared to fulfill these responsibilities? Y N  
 Have you explained to your pilgrim: The Emmaus Weekend? Y N    Follow up? Y N    Reunion Group? Y N

**Sponsor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Would you like an email confirmation? Y N**  
**Co-Sponsor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Would you like an email confirmation? Y N**

**OFFICE USE ONLY: Date Received:** \_\_\_\_\_ **Assigned To Walk Number:** \_\_\_\_\_ **Deposit:** \_\_\_\_\_