



New River Valley Emmaus

Serving Christian communities throughout the New River Valley of Virginia and beyond

Walk to Emmaus Pilgrim Application

- Please complete the entire application. All information is needed for proper placement.
- Register only if you intend to be present for the entire three-day weekend and are being sponsored by someone who has already attended a Walk to Emmaus.
- NO smoking is allowed on the campground during the Walk per Camp Maranatha's policy.
- The deposit for all weekends is \$35 payable to "NRV Emmaus." Send the full deposit with this application to your sponsor. If partial scholarship is needed, complete the scholarship request below.
- **Sign and return the completed application and deposit to your sponsor.**
- When an applicant is placed on a Walk, both the sponsor and applicant will receive a letter with further instructions approximately four to six weeks before the Walk weekend. Walks are held in the spring and fall.

Name _____ Name for your name tag _____

Address _____ Male Female
(Street) (City & State) (Zip) (Circle One)

Phone (____) _____ - _____ Birth date ____/____/____ E-mail _____

Has the purpose and structure of the Walk to Emmaus been explained to you? Yes No

What benefit do you hope to gain from the Walk to Emmaus? _____

Church you attend _____

Spouse / Emergency Contact Name _____

Spouse / Emer. Contact Phone (____) _____ - _____. Can sitting for prolonged periods of time be difficult? Y N

Dietary Restrictions _____

Medications _____

Disabilities or Special Assistance Needs _____

Please list any health concerns that may affect either you or others on the Walk to Emmaus, and how we may help. _____

SCHOLARSHIP REQUEST

No one will ever be prevented from attending a Walk to Emmaus sponsored by the New River Valley Emmaus Community for financial reasons. If you need scholarship assistance, please provide a brief statement explaining your circumstances.

MEDICAL RELEASE

In the event of an emergency, and if my nearest relative and/or spouse cannot be reached by telephone, the Emmaus staff has my permission to gain the services of licensed medical professionals to provide the care deemed necessary for my wellbeing.

Your Signature: _____ Date _____