



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 _____

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:

Kristy Hiner
PEGWTE Registration
3146 Glad Dale Drive, S.E.
Conyers, GA 30094

(770) 918-0955

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