



# Three Rivers WALK to EMMAUS

To be filled in by the candidate: Check one

Men's Walk \_\_\_\_ Women's Walk \_\_\_\_

Title: Mr. \_\_\_\_ Mrs. \_\_\_\_ Ms. \_\_\_\_ Miss \_\_\_\_ Rev. \_\_\_\_

Name \_\_\_\_ Date of Birth \_\_\_\_ Age \_\_\_\_

Single \_\_\_\_ Married \_\_\_\_ Widowed \_\_\_\_ Divorced \_\_\_\_ Male \_\_\_\_ Female \_\_\_\_ Number of Children \_\_\_\_

Address \_\_\_\_ City \_\_\_\_ State \_\_\_\_ Zip \_\_\_\_

Spouse's name \_\_\_\_ Name you wished to be called \_\_\_\_

Primary Phone (\_\_\_\_) \_\_\_\_ Secondary Phone (\_\_\_\_) \_\_\_\_

Email address \_\_\_\_

Please give name and phone number of relative other than spouse to contact in case of emergency.

Name \_\_\_\_ Phone number \_\_\_\_ Relationship \_\_\_\_

Are you on a medically prescribed diets? \_\_\_\_ Please specify \_\_\_\_

Are you diabetic? \_\_\_\_ Are you a vegetarian? \_\_\_\_ Do you have any food, drug or environmental allergies? \_\_\_\_

Do you use a CPAP/BiPAP machine? \_\_\_\_ Do you smoke? \_\_\_\_

Are you on medication? \_\_\_\_ Do you have any physical challenges? \_\_\_\_

Please Specify \_\_\_\_

Has your sponsor discussed the following: Walk site \_\_\_\_ Transportation \_\_\_\_

Clothing \_\_\_\_ Bedding \_\_\_\_ Gatherings \_\_\_\_ Reunion Groups \_\_\_\_

Please state briefly why you wish to attend.

\_\_\_\_\_  
\_\_\_\_\_

In what religious and community organizations are you involved? \_\_\_\_\_

\_\_\_\_\_

Your church \_\_\_\_ Denomination \_\_\_\_

The above information is necessary for proper placement in a Walk to Emmaus. Submission does not guarantee attendance as we have limited spaces available. Early application will help your acceptance. The cost of the weekend is \$200 which includes lodging, meals, and supplies. **Please enclose a preregistration, non-refundable deposit of \$25 made payable to Three Rivers Walk to Emmaus.** The balance due will be payable upon your arrival. Please do not let your inability to pay deter your attendance. Speak to your sponsor about financial aid which may be available. All information on this application will remain confidential.

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For Registrar: Date received \_\_\_\_ Deposit \_\_\_\_ Computer Entry \_\_\_\_

**To be filled out by sponsor:**

Candidate's name \_\_\_\_\_

Remember when sponsoring a candidate, that the walk to Emmaus is not a means to correct one's character, morals, emotions, or an unstable marriage. The Walk is designed to bring participants into a renewed relationship with Christ, the Church, and fellow Christians. For married couples, husbands are encouraged to attend the Walk to Emmaus first. Each candidate must submit a separate application, and married couples should, if possible, turn in both applications at the same time so as to reserve space for the wife on the Women's Walk.

Sponsor's name \_\_\_\_\_ Primary Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Your Church \_\_\_\_\_ Denomination \_\_\_\_\_

Location of your weekend \_\_\_\_\_ Walk # \_\_\_\_\_ Year \_\_\_\_\_ Table \_\_\_\_\_

Are you in a reunion group? \_\_\_\_\_ Attend gatherings? \_\_\_\_\_

As sponsors have you:

- |   |          |
|---|----------|
| 1. Talked with candidate's spouse about the weekend?                      | Yes - No |
| 2. Explained transportation, meals, lodging, supplies, bedding, clothing? | Yes - No |
| 3. Explained Reunion Groups and Gathering to your candidate?              | Yes - No |
| 3a. Is the candidate willing to attend a Reunion Group & Gatherings?      | Yes - No |
| 3b. Are you willing to help your candidate find and attend them?          | Yes - No |
| 4. Prayed for your candidate?   | Yes - No |
| 5. Explained the mini-reunion & give them the date if known?              | Yes - No |

Why do you think this person would be a good candidate

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How long have you known the candidate? \_\_\_\_\_

Are you able to arrange transportation to and from the Walk ? \_\_\_\_\_

Are you able to attend the Sponsor's Activities? \_\_\_\_\_

Minimal contact with your Pilgrim during the weekend is imperative, and will you comply ? \_\_\_\_\_

You are responsible for getting:

Signature of Candidate's Pastor \_\_\_\_\_

Name of Candidate's Pastor \_\_\_\_\_ Phone Number \_\_\_\_\_

Address of Candidate's Pastor \_\_\_\_\_

**Please mail this application and applicant's non-refundable \$25.00 deposit to:**

Sharon Gallagher, Registrar

700 Greenleaf Drive, Monroeville, PA 15146

**Questions : Phone 412-372-4765 or e-mail registrar@TRWE.org**