



# APPLICATION

**Valley Walk To Emmaus** Please check the appropriate box

☐ Men's Spring Walk  
☐ Men's Fall Walk

☐ Women's Spring Walk  
☐ Women's Fall Walk

Please submit Spring Walk application by **January 15** ; Fall Walk application by **August 1**.

**THIS IS ONLY AN APPLICATION.**

After you have completed your part of this application, please give it to your sponsor.

## APPLICANT INFORMATION

*Incomplete Applications will be returned*

*Please Print Clearly*

Name First \_\_\_\_\_ Last \_\_\_\_\_ Name you wish on your name tag \_\_\_\_\_

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

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

E-mail Address \_\_\_\_\_ Marital Status \_\_\_\_\_

If married, is your spouse applying to attend the Walk to Emmaus? \_\_\_\_\_ Spouse Name \_\_\_\_\_

If Occupation \_\_\_\_\_ DOB \_\_\_\_\_

Name of your church \_\_\_\_\_

## Health and Emergency Information – Must be Completed

Do you require any physical assistance? \_\_\_\_\_ If "yes" please specify \_\_\_\_\_

Please list any special dietary needs that we need to provide \_\_\_\_\_

Please list medications (or allergies) you are currently taking \_\_\_\_\_

Emergency Contact other than sponsor \_\_\_\_\_ Relation \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

## TO BE COMPLETED BY APPLICANT'S PASTOR

*Please Print Clearly*

The objective of the Walk to Emmaus is to equip local church members for Christian action in their homes, churches, and community.

Church Name \_\_\_\_\_ Phone: \_\_\_\_\_ Pastor Email: \_\_\_\_\_

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

Pastor Signature \_\_\_\_\_ Pastor's Name \_\_\_\_\_ Date \_\_\_\_\_

*This signature is required*

## SPONSOR INFORMATION

*Please Print Clearly*

Name \_\_\_\_\_ Email \_\_\_\_\_

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

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Your Church \_\_\_\_\_ City \_\_\_\_\_

## COMPLETED APPLICATIONS

Please submit by: January 15 for Spring Walk or August 1 for Fall Walk

**A registration deposit of \$25 is required with the application.** This deposit will be applied toward your total contribution of \$125, which partially offsets the expenses of your weekend. This deposit is not refundable; however, it will be applied to a later walk, upon request. The balance (\$100.00) will need to be remitted upon arrival at Pine Eden unless paid in advance. Make check payable to VWTE.

Sponsors: please mail this completed application to:

**Valley Walk to Emmaus – Registrar ; PO Box 6766 ; Columbus, GA 31907**

For phone inquiries, call or text Wanda Sanders 706-442-2234.

Email inquiries to:

**vwte.application@gmail.com**

\_\_\_\_\_  
Sponsor's Signature

\_\_\_\_\_  
Applicant's Signature

Date Received:	
Deposit:	Check #
Balance:	Check #