



Shenandoah Valley Emmaus Community
Emmaus Pilgrim Application
TO BE FILLED OUT BY APPLICANT-PLEASE PRINT

Name: _____

Nickname: _____ Today's Date: _____

Age: _____ Date of Birth: _____ Sex: _____

Current Mailing Address: _____

City: State: Zip: _____

Email Address: _____

Home Phone: _____ Work/School: _____ Cell Phone: _____

Occupation: _____ Work City: _____

Name of Church You Attend: _____

Denomination: _____ Church City: _____ State: _____

Marital status: _____ Spouse name: _____ Spouse attended Emmaus/Cursillo? Y N

Spouse submitted application: Y N If Yes, Where: _____

Other family members at home: _____

In what religious community are you active? _____

From whom did you learn about this program? _____

Do you have health problems that may affect your attendance: Y N?

If yes, please specify: _____

Do you smoke? Y N

Are you on a special diet? Y N If Yes, please specify: _____

Please list medications you are taking: _____

Please state why you wish to attend an Emmaus weekend, what you expect from it and anything else about yourself you wish to share: _____

Name of Sponsor: _____

Name of Your Pastor: _____

Pastor's Signature: _____

The above information is necessary for your proper placement on an Emmaus weekend. Please fill in all applicable blanks. Please enclose a registration fee of \$25.00 (checks payable to SVEC). There will be no additional cost to you. PLEASE RETURN THIS APPLICATION WITH THE \$25.00 APPLICATION FEE TO YOUR SPONSOR, OR THE PERSON WHO PROVIDED IT.

SPONSORSHIP

SPONSORS ARE ASKED TO READ THE FOLLOWING STATEMENT CAREFULLY, AND TO GIVE IT THEIR PRAYERFUL CONSIDERATION:

The Emmaus Walk is a method of Christian renewal in the church. Individuals recommended for Emmaus should be those with an active desire to deepen their faith and understanding of God's love and to become closer to Christ in their daily lives and their discipleship. A sponsor is requested to provide information to the applicant and to the applicant's family, to assist him/her in the Emmaus fellowship, and to provide transportation to and from the Emmaus weekend.

TO BE COMPLETED BY SPONSOR:

Sponsor's Name _____ Home Phone _____ Work/School _____

Cell Phone (_____) _____ E-Mail _____

Address _____

City _____ State _____ Zip _____

Name/Denomination of Church You Attend _____

City _____ State _____

Where and when did you take your Walk? _____

Was it Emmaus, Cursillo, Chrysalis, or other? _____

Have you ever attended a sponsorship training event? Y N

Why do you want to sponsor this person? _____

Sponsor's Signature _____ Date _____

SPONSOR: PLEASE SEND THIS APPLICATION AND

THE \$25 REGISTRATION FEE TO:

Shenandoah Valley Emmaus
C/o Tim R. Armentrout, Treasurer
57 Hamshire Way
Fishersville, VA 22939-2140

FOR COMPLETION BY SVEC

Date application received _____ Date accepted _____

Spouse application received _____

Fees received:

Registration _____ Ck No _____

Sponsor _____ CK No _____

Scholarship _____