

PAMLICO EMMAUS - WALK TO EMMAUS APPLICATION – 2025

Please Check One: Be sure to check these dates carefully. Married couples are encouraged to attend consecutive weekends.

MEN'S Walk 85

WOMEN'S Walk 86

Location: Crusader Youth Camp

Date: September 25-28, 2025

Date: October 9-12, 2025

Dunn, NC

(Pilgrim) APPLICANT INFORMATION (One Application per Person) PLEASE PRINT NEATLY OR TYPE

(More information to completed on page 2)

Name _____ Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Cell # _____ Home# _____ Work # _____

Your Age: _____ Birthday: _____ Male: _____ Female _____ Number of Children: _____

You are now: Married _____ Single _____ Divorced _____ Widowed _____ Separated _____

If married, name of spouse: _____

Name you want on Nametag: _____ Email _____

Address _____

Name and Denomination of Church now attending: _____

Pastor's Name: _____ You are encouraged to share with your pastor your intention to attend a Walk to Emmaus.

Please give a brief statement about why you would like to attend an Emmaus weekend and what you expect from it. _____

Please list your involvement in Church & Community Activities:

SPONSOR INFORMATION: (To be completed by sponsor) (More information to completed on page 2)

Sponsor's Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Cell# _____ Home# _____ Work# _____

E-Mail address: _____ Name of your Church: _____

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ADMINISTRATIVE USE ONLY: Date application received _____

Payment Information: CK# _____ Amount \$ _____ Note: _____

CK# _____ Amount \$ _____ Note: _____

Other Notes:

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CONFIDENTIALITY IS ASSURED This is strictly for emergency purposes only

Person(s) to contact in case of emergency: (Other than spouse and their relationship to you)

1. Name _____ Relationship _____ Phone _____

2. Name _____ Relationship _____ Phone _____

In case of emergency, may we contact your sponsor? Y ___ N ___

Has your spouse applied to Walk? Y ___ N ___ When and Where? _____

Occupation: _____ Are you clergy? Y ___ N ___ (for information only)

Has the walk purpose been explained to you by your sponsor? _____

APPLICANT MEDICAL INFORMATION

Name of Insurance Company _____

Policy Number _____ Phone Number _____

**If you have any special dietary needs, please indicate _____

If you are on any special medications, should we be aware of any specific instructions? _____

If you have any health or physical handicaps, please indicate _____

Do you smoke? _____

GENERAL INFORMATION

*This is only an application. Upon completion of your part of the application, please return it to your sponsor. All information will be kept **confidential**. Incomplete applications will be returned. Applications will not be considered without sponsor information. Notification of your enrollment for a weekend will be made by mail. This application is in effect for one year.*

APPLICANTS SIGNATURE: _____ DATE: _____

All monies are due (\$60.00 pilgrim fee plus the sponsor fee) at the time the application is sent in. Confirmation letters will be sent out 3 to 4 weeks prior to your weekend. If you need financial assistance, please contact your sponsor.

APPLICANT: RETURN COMPLETED APPLICATION FORM TO YOUR SPONSOR

SPONSORS: After reviewing the application for accuracy, please mail to: PAMLICO EMMAUS
Marie Roberts
310 Poultry Ln.
Broadway, NC 27505

SPONSOR INFORMATION: (To be completed by sponsor)

EMMAUS "type" movement you attended: _____
Have you read the Sponsorship Book? Y ___ N ___?
First time sponsor? Y ___ N ___ Number of applicants you are sponsoring on this walk? _____
NOTE: <i>It is a requirement that you have attended Fourth Day Follow-Up.</i>
Have you attended a Fourth Day Follow-Up? _____ When? _____
Has the applicant applied for a previous walk? Y ___ N ___
Comments: _____
SIGNATURE: _____ Date: _____