



Southern Maryland Pilgrim Application

(Please print or type all information)

Name: _____ Today's Date: _____

Reason why you wish to attend an Emmaus weekend; what are your expectations? Anything else you would like to share about your faith?

Who introduced you to Emmaus? _____

PERSONAL & CONTACT INFORMATION

Gender: Female Male Birth Date: _____ Your Occupation: _____

Address: _____ Home Phone: _____

Cell Phone: _____

Work Phone: _____

Email: _____ Alternate Email: _____

Emergency Point of Contact: _____ Emergency Contact Phone: _____

Emergency Information: **Please attach a copy of your insurance card and driver's license to this application.**

[Note: This application and all attached information will be shredded immediately after the Emmaus weekend.]

SPOUSE'S INFORMATION (If not married, please skip this section)

Name of spouse: _____

Has spouse attended Emmaus or similar 3-day weekend? Yes No

Has spouse submitted an application to attend Emmaus? Yes No

[The Emmaus movement affirms the sanctity of marriage and the commitment of spouses to each other. To support these values, Emmaus has developed the "Equal Commitment Rule". For details, please discuss with your sponsor.]

CHURCH INFORMATION

Name of Church and denomination: _____ Church phone: _____

Is applicant an ordained or licensed member of the clergy? Yes No

If No, list Pastor's Name: _____

Name of religious or other organizations in which you are currently active: _____

OTHER INFORMATION NEEDED FOR PARTICIPATION ON AN EMMAUS WEEKEND

Name preferred for badge: _____

Do you smoke or live with others who smoke? Yes No Are you able to sleep on a top bunk? Yes No

Do you prefer sleeping in a cold or warm room? Cold Warm

List any health concerns or allergies: _____

List current medications: _____

List any special diet requirements: _____

T-shirt size: M L XL XXL XXXL

Please complete all the above information. This information is necessary for your proper placement on an Emmaus weekend. **Please enclosure a check or money order in the amount of \$35.00 payable to "Southern Maryland Emmaus" for the registration deposit.** In the event it is not possible to place you on a weekend, the deposit will be refunded. There will be no other cost to you other than this deposit. Additional expenses for your weekend will be paid for by others who have enjoyed a similar experience and wish to share this with you.

PLEASE RETURN APPLICATION TO YOUR SPONSOR OR THE PERSON WHO GAVE IT TO YOU

Sponsors and Pastors are asked to read the following statement carefully, and to give it their *prayerful consideration*:

Emmaus is a method of Christian renewal in the local church. Individuals recommended for Emmaus should be currently active in a local church and have a desire to deepen their faith and understanding of God's love. They should be growing closer to Christ in their daily lives and in their discipleship. As a sponsor, you will provide information to the applicant in order to assist him/her in the decision to attend a weekend, to help him/her enter fully into the Emmaus fellowship after the weekend, and to provide prayer, transportation to and from the Emmaus weekend, and other support necessary to fulfill the obligations of being a sponsor.

Emmaus may not be right for all people. Some people may not be suitable choices for sponsorship because of the negative effect they may have on a weekend, or a divisive influence they bring to a church, or that their participation may cause a negative impact upon their family, personal, or professional life. Sponsorship requires sensitivity to these factors. For example, the following persons may not be good candidates: non-Christians, persons whose theology is incompatible with Emmaus, persons undergoing an emotional crisis, or those whose personalities may dominate or cause division on the weekend, as well as those who may not be able to devote full time and attention to the weekend.

PASTOR'S SUPPORT

Do you (the pastor) support applicant's wish to attend an Emmaus weekend? Yes No

Do you wish to receive information on The Walk to Emmaus? Yes No

Signature: _____

Address: _____

SPONSOR'S INFORMATION

As a sponsor, I agree NOT to team on the Walk that my pilgrim attends.

Sponsor's Signature: _____

Sponsor's Name: _____

Address: _____ Home Phone: _____

_____ Cell Phone: _____

_____ Work Phone: _____

Email: _____ Alternate Email: _____

Name of Church and denomination: _____

Where and when was your weekend? _____

What kind of weekend did you attend (Emmaus, Cursillo, etc.)? _____

Have you attended a Fourth Day Seminar? Yes No

I have read the above paragraph and agree to fulfill the obligations of being a sponsor: Yes No

Sponsor's Signature: _____

Submit to:
SOUTHERN MARYLAND EMMAUS
P.O. BOX 343
WHITE PLAINS, MD 20695

Please check for the following:
Has the pastor signed the application?
Has the sponsor signed the application?
Is the \$35 application fee included?

FOR COMPLETION BY EMMAUS REGISTRAR:

Date received: _____ Date asked to team: _____
Date notified of receipt: _____ Accepted: _____ Declined: _____