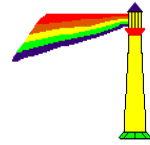


**COASTAL GEORGIA EMMAUS APPLICATION FORM**  
**FOR THE DEVELOPMENT OF CHRISTIAN LEADERS**



APPLICANT INFORMATION: One application per person.

THIS IS ONLY AN APPLICATION. Notification of your enrollment for the weekend will be made by mail. After you have completed your part of this application, please give it to your sponsor. All information will be kept confidential.

**INCOMPLETE APPLICATIONS WILL BE RETURNED.**

**PLEASE PRINT:**

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[ ] Men's Walk [ ] Women's Walk Age \_\_\_\_\_ Birthdate \_\_\_\_\_  
 Name \_\_\_\_\_ Name you wish on your name tag \_\_\_\_\_  
 Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone (\_\_\_\_) \_\_\_\_\_ Bus. Phone (\_\_\_\_) \_\_\_\_\_ Email address \_\_\_\_\_  
 Company /School Name \_\_\_\_\_ Occupation \_\_\_\_\_  
 Name of your Church \_\_\_\_\_ Spouse Name \_\_\_\_\_  
 Has Spouse attended Walk to Emmaus, Chrysalis, Cursillo, or Tres Dias? \_\_\_\_\_ If so, Walk Number \_\_\_\_\_  
 Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**MEDICAL INFORMATION**

List special dietary concerns, medical allergies, medications being taken, medical problems, special needs, or other pertinent information: \_\_\_\_\_  
 \_\_\_\_\_

Name and phone number of a relative not living with you \_\_\_\_\_

**APPLICANT'S PASTOR INFORMATION (This signature is required)**

Pastor Signature \_\_\_\_\_ Church \_\_\_\_\_ Date \_\_\_\_\_

**SPONSOR INFORMATION**

EMMAUS is a method of Christian renewal in the church. Individuals recommended for EMMAUS should be currently active in a local church and have a desire to deepen their faith and become closer to Christ in their discipleship. As a sponsor, you are required to provide information to the applicant to assist him/her in the decision to attend a weekend, to help him/her enter fully into the EMMAUS fellowship after the weekend, to provide prayer and other support and to provide transportation to and from the retreat.

Sponsor's Name \_\_\_\_\_ Signature \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone (\_\_\_\_) \_\_\_\_\_ Bus. Phone (\_\_\_\_) \_\_\_\_\_ Email address \_\_\_\_\_  
 Name of your Church \_\_\_\_\_  
 Did you attend: Walk to Emmaus Chrysalis Cursillo Tres Dias Other \_\_\_\_\_  
 Are you now in a reunion group? \_\_\_\_\_ First time sponsor? \_\_\_\_\_  
 Have you attended sponsorship training? \_\_\_\_\_  
 Are you praying and sacrificing for this candidate? \_\_\_\_\_  
 Will you discuss, assist and attend with this candidate the post weekend follow up meeting? \_\_\_\_\_

**COMPLETED APPLICATIONS**

Please enclose a registration deposit of \$25.00. This deposit will be applied toward your contribution of \$100.00 which partially offsets the expenses of your weekend. This deposit is not refundable. However, it will be applied to a later walk, upon request. Make checks payable to: Coastal Georgia Emmaus. The balance of \$75.00 will be payable upon your arrival at the sendoff. An acceptance letter will be mailed to applicants 4 to 6 weeks prior to the walk.

**Sponsors** Please mail this completed application to:

**Tina Bonifacio, Registrar**  
**135 Burton Road**  
**Savannah, GA 31405**  
**912-657-9605**

|                        |       |
|------------------------|-------|
| <u>Office Use Only</u> |       |
| Date Received          | _____ |
| Deposit Paid           | _____ |
| Acceptance             | _____ |
| Walk No                | _____ |