

COASTAL GEORGIA EMMAUS APPLICATION FORM

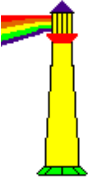
<u>Office Use Only</u>	
Date Received	_____
Deposit Paid	_____
Acceptance	_____
Walk No	_____

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:

Men's Walk Women's Walk Age _____ Birthdate _____
Name _____ Name you wish on your name tag _____
Street _____ City _____ State _____ Zip _____
Home Phone (____) _____ Bus. Phone (____) _____ E-mail 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 (____) _____ E-mail 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 send-off. An acceptance letter will be mailed to applicants 4 to 6 weeks prior to the walk.

Sponsors: Please mail this completed application to:

Brenda Sather, Registrar
113 W. Gazebo Lane
Savannah, GA 31410
(912) 898-8568

For the Development of Christian Leaders