



APPLICATION: Coastal Carolina Emmaus Community

Applicant Information.

First Name _____ Last Name _____ Gender: ___ Male ___ Female
 Name you want on Name Tag _____ Sponsor's Name: _____
 Street Address _____ Apt: ___ City _____ Zip _____
 Home Phone _____ Work Ph _____ Cell Ph. _____
 Email (PRINT!) _____ DOB _____
 Occupation _____ Are you a member of the Clergy? Yes/ No
 Marital Status: (circle One) Single Married Divorced Separated Widowed Spouse's Name _____
 Has Spouse attended Emmaus? _____ Walk # _____ Is Spouse attending the adjacent Walk? _____

Medical Information - must complete.

Please List any significant Health Conditions we should be aware of in an emergency, even if they are currently well managed.

Do you have Physical Limitations that we should be aware of? (Yes/No) If yes, please describe so we can try to accommodate your needs (i.e. do you use a walker or wheelchair, have difficulty climbing stairs, have hearing or vision problems, need a handicapped accessible shower..., etc.)

Do you take medications during the day, *other than at rising in the morning, with meals, or bedtime*? _____

If yes, Please list meds and times: _____

Please specify any food allergies or required dietary restrictions (Lactose Intolerant, vegetarian, peanut allergy, etc.)

Emergency Information - please list a contact other than your sponsor.

Emergency Contact: _____ Relationship _____

Primary Phone _____ Alternate Phone(s) _____

Pilgrim's Church Home Information. Pastor Name (first and last) _____

Church Name _____ City _____ Phone _____

Has the purpose of the Walk been explained to you? _____ Has your sponsor discussed follow-up activities? _____

Can you attend on short notice? _____

Applicant's Signature _____ Date _____

If you are unable to attend the Walk for any reason, your deposit will roll over along with your application to the next available date. The cost for the Walk to Emmaus is not guaranteed beyond the current year. Total cost for the Walk to Emmaus is currently \$150.

Sponsor-Complete this Section.

Your Name _____ Pilgrim's Name: _____

Email _____ (please print clearly)

Primary Phone: _____ Alternate Contact Phone _____

Do you feel that your Pilgrim is able to easily climb stairs? _____ Could sleep on a top bunk? _____

The Salt and Light Center has both regular stairs and low impact stairs, as well as ramps for guests. Wheelchairs are available on site.

Is there anything that you feel the team or a spiritual director should know about your pilgrim's physical or emotional state?

(Recent significant illness, injury, bereavement or trauma) _____

Sponsor's Original Walk # _____ Emmaus Community _____

Reunion Group: _____ Are you a first time Sponsor? _____

If no, approximate date you last sponsored a pilgrim? _____

Have you reviewed the steps to good sponsorship? _____ (If no, please watch the power point at

www.ccemmaus.org, under "Popular Downloads" for general information on sponsorship duties)

If you are a first time sponsor, have never sponsored someone at the Salt and Light Retreat Center, or if you have not sponsored someone in two or more years, please contact the Registrar at ccec@gmail.com to discuss specific sponsorship duties for pilgrims attending the Salt and Light Retreat Center.

If you are a sponsor from a different community, please include your address and home church so we may add you to our data base. Address: _____

Home Church _____ City/State _____

Emmaus Community _____

*****I understand that by undertaking sponsorship, I agree to meet ALL 'Special Agape' obligations in regard to my pilgrim. I will attend all three of the weekend services, pray for my pilgrim continuously, and be available to my pilgrim's family over the weekend if needed, as an act of sacrificial Agape for my pilgrim. After the Walk, I will assist my pilgrim in attending the follow-up meeting and helping him or her find a reunion group.***

(Signature) _____ Date _____

Sponsor: Please verify form is *complete*, enclose \$50 (non-refundable) deposit, and mail to:

Coastal Carolina Emmaus, PO Box 4826, Wilmington, NC 28406.

Balance Due at Registration

To Be Completed By The Treasurer:

Fees included with application: \$ _____ (cash / check # _____ Received Date _____

Name on Check: _____ Treasurer's Initials _____