



Walk to Emmaus  
THE UPPER ROOM

# SWVA WALK TO EMMAUS

## 2016 APPLICATION TO ATTEND A WALK

### Applicant Portion-Part 1 of 2

Office Use Only	
Date Received:	_____
Asg. Letter:	_____
Conf. Letter:	_____
Walk Assigned:	_____
Amount:	_____

**THIS SECTION TO BE COMPLETED BY APPLICANT** **Please Print Clearly**

NOTE: This is only an application. Notification of your assigned weekend will be made by email. All information requested is necessary for your proper placement on a Walk to Emmaus Weekend. Placement will be made based on date received by the SWVA REGISTRAR and availability of space.

Check these dates carefully, then mark your first and second choice with a (1) and (2). Married couples should attend consecutive weekends.

**Fall 2016**

Women's 178 – Sept 15-18 \_\_\_\_\_ Men's 179 – Sept 22- 25 \_\_\_\_\_

**Spring 2017**

Women's 180 – TBD \_\_\_\_\_ Men's 181– TBD \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

First Name (as you want it on your nametag) \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Business Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Occupation \_\_\_\_\_ E-mail \_\_\_\_\_

Marital Status (Circle one): Married Single Separated Divorced Widowed Smoker? \_\_\_\_\_ (needed for planning purposes)

Has spouse attended Emmaus? \_\_\_\_\_ Is spouse attending adjacent walk? \_\_\_\_\_ Spouse's Name \_\_\_\_\_

**Medical Information – MUST BE COMPLETED**

Please list any physical limitations or restrictions that we would need to know about? \_\_\_\_\_

Do you take any medications during the day (other than "at bedtime" or "upon arising")? \_\_\_\_\_

Please specify any special dietary needs you would need us to provide: \_\_\_\_\_  
(as no sugar/diabetic, low salt, low fat, gluten free, lactose free/non-dairy, vegan or vegetarian)

**Emergency Contact OTHER THAN SPONSOR OR SPOUSE**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary Phone (\_\_\_\_) \_\_\_\_\_

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

You must be sponsored on your Walk by someone who has completed a Walk to Emmaus, Cursillo, Chrysalis, Tres Dias, or similar weekend.

**YOUR SPONSOR MUST COMPLETE THE SPONSOR'S PORTION OF THIS FORM BEFORE SUBMITTING THIS APPLICATION**

A deposit of \$40.00 is due with this application. Checks should be made payable to **SWVA EMMAUS**. In the event you must cancel, please have your sponsor notify Registration as soon as possible so that you may be rescheduled. In the event of cancellation, your deposit will be refunded. You will be notified by phone, mail or email about 4 weeks prior to the Walk Date. *Please give this completed form to your sponsor to complete their portion of the application. Sponsors should check this form for completeness and mail it with the fee to:*

Email: [robinclaris@yahoo.com](mailto:robinclaris@yahoo.com)

SWVA Emmaus Registrar  
 Robin Claris  
 112 Country Lane  
 Thaxton, VA 24174  
 (540) 278-3016 c

- \$40.00 Deposit enclosed
- Fee will be sent upon receipt of Assignment letter.
- Check box if US Mail is preferred, otherwise all communication will be sent via email.