



Walk to
Emmaus
THE UPPER ROOM
2019

SWVA WALK TO EMMAUS

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.

Spring 2019

___ Women's #187 | April 25—28 | Gail McMahon

___ Men's #188 | May 2—5 | Jeffrey Burd

Fall 2019

___ Women's #189 | TBD | TBD

___ Men's #190 | TBD | 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 EMMMAUS**. 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

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