



**The West Virginia Emmaus Community**  
**Application to attend a WV Walk to Emmaus Weekend—Part A (Applicant)**

**Please Print Clearly - Personal Information:**

First Name \_\_\_\_\_ Middle (optional) \_\_\_\_\_ Last \_\_\_\_\_

**Pilgrim preferred name for printed material**

Home Address  
Street \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_-\_\_\_\_ Email \_\_\_\_\_

Cell (\_\_\_\_) \_\_\_\_-\_\_\_\_ Occupation \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_-\_\_\_\_

Date of Birth \_\_\_\_\_ Gender Male  Female

Marital Status \_\_\_\_\_ Spouse's First Name \_\_\_\_\_

**Medical Information:**

**Do you have any dietary restrictions/needs that we should be aware of?**

\_\_\_\_\_  
\_\_\_\_\_

**Do you have any health problems or handicaps that may affect your ability to attend or to participate fully in weekend activities? Do you have any allergies or sensitivities? NOTE: Conference Center has a chair lift.**

Please Specify \_\_\_\_\_

Do you take any medications (*other than* bedtime or upon arising?) No  Yes  If Yes, Time Taken

Do you smoke? No  Yes

Do you have any sleeping disorders? No  Yes

If Yes, Please specify for sleeping assignment \_\_\_\_\_

**Emergency Contact (other than sponsor)**

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Relationship: \_\_\_\_\_

**Your Church Information:**

Church Name \_\_\_\_\_ Street \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Minister's Name \_\_\_\_\_

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What church or community activities are you involved with?

Has the Walk to Emmaus been explained to you?  NO  YES  SOME

Please give a brief, honest statement about why you want to attend a WV Walk to Emmaus weekend and anything else about yourself you would like to share:

Are you a member of the clergy?  NO  YES

Has your spouse attended an Emmaus/Cursillo weekend?  NO  YES

If so, when, where, and Walk #? \_\_\_\_\_

Has your child attended a Chrysalis weekend?  NO  YES

If so, when, where, and Flight #? \_\_\_\_\_

A deposit of \$50 must accompany this application. Checks should be made payable to **WV Emmaus**. In the event that it is not possible to assign you to a weekend, the deposit will be refunded to you if you desire. There will be no other cost to you since the cost of your weekend will be underwritten by individuals who have experienced a Walk to Emmaus weekend and wish to share that experience with others. This is only an application, and ***no one can guarantee a space in a specific weekend***. Notification of acceptance for a WV Walk to Emmaus weekend is made 4-6 weeks prior to the date of the weekend. You will be notified if accepted for the weekend. After you have completed this form, give it to your sponsor as soon as possible, and he/she will mail it in.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Name of Sponsor

**Sponsor: Mail deposit and completed application (both Part A and Part B) to  
WV Emmaus, PO Box 460, Kearneysville, WV 25430**

**FOR REGISTRATION USE ONLY**      Date Received: \_\_\_\_\_ Weekend Attended \_\_\_\_\_  
Check # \_\_\_\_\_ Paid By \_\_\_\_\_ Communication: \_\_\_\_\_  
Sponsor Emailed: \_\_\_\_\_ Pilgrim Letter \_\_\_\_\_ IMS Database \_\_\_\_\_ MM Database \_\_\_\_\_

CC:    WLD Sponsorship Coordinator