

2025 HAWAII WALK TO EMMAUS APPLICATION FORM

Men's Walk, May 22-25, 2025

Women's Walk, August 21-24, 2025

*** TO BE FILLED OUT TOGETHER BY PILGRIM AND SPONSOR ***

ALL INFORMATION BELOW IS NECESSARY FOR PROPER PLACEMENT IN A WALK TO EMMAUS

Name _____ Address _____

Home Phone _____ City, State, Zip _____

Cell Phone _____ Email _____

Name you would like on your nametag _____

Name and denomination of church now attending _____

Do you attend regularly? Yes _____ No _____

Age Group 18-25 _____ 26-45 _____ 46-55 _____ 56-65 _____ 66-75 _____ 76+ _____

Marital Status _____ Spouse's Name _____ Has spouse been on a Walk? Yes ___ No ___

Name of a close friend _____ phone # _____ email _____

Name of a relative _____ phone # _____ email _____

ARE YOU ON A SPECIAL DIET? No ___ Yes ___ If yes, please attach or describe a typical menu.

If you are on special medication, have a health problem or physical handicap or allergy that may affect your attendance at the Walk to Emmaus, please specify: _____

Could you attend on short notice (3-4 days)? _____ Do you snore? _____ Do you smoke? _____

NOTE: Participation requires going from one building to another. Are you able to climb one flight of stairs? _____

Has the Walk been explained to you, including the post Walk follow up? ___ Yes ___ No

Your signature _____ Date _____

Your Pastor's Name & Church name _____

Pastor's acknowledgement: (signature) _____ email _____

Please clear your calendar for the weekend from 6:00 pm Thursday to 6:00 pm Sunday. In the event you must cancel, please notify your sponsor immediately.

SPONSOR TO FILL OUT THIS SECTION

Name _____ Address _____

Main Phone _____ City, State, Zip _____

Work Phone _____ Email _____

Church now attending _____ Do you attend regularly? _____

When/where did you make your Walk? _____

Do you attend Emmaus community gatherings? _____ Have you received sponsorship training? Yes ___ No ___

How long have you known the pilgrim? _____ My pilgrim needs a scholarship. Amount? \$ _____

Why do you feel this person would be a good pilgrim? _____

If the pilgrim is married, have you discussed Emmaus with the spouse? _____

Will you bring the pilgrim to the Walk and pick him/her up afterwards? _____

Can you care for the needs of the pilgrim's family over the weekend? _____

Are you aware of the importance of minimal contact with your pilgrim during the weekend? _____

Sponsor's signature _____ Date _____

The total registration fee is \$200. To reserve a space as a Pilgrim, mail this form with the pre-registration fee of \$40.00 by April 22, 2025, for Men's Walk, July 22, 2025, for Women's Walk to:

HUMU Walk to Emmaus, ATTN: Registrar, 20 South Vineyard Blvd, Honolulu, HI 96813.

Make checks payable to HUMU-Walk to Emmaus. The balance may be paid upon check-in.

For office use: Date _____ Check # _____ Amount _____