**2023 HAWAII WALK TO EMMAUS APPLICATION FORM**

\_ Women’s Walk (Aug 24-27, 2023)

*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 and denomination of church now attending .

Do you attend regularly? No Yes

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

Name you would like on your nametag \_\_\_\_\_\_\_\_\_\_ Marital Status \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spouse's Name \_\_ Has spouse been on a Walk? Name of a close friend phone # email Name of a relative phone # email

# ARE YOU ON A SPECIAL DIET? No Yes If yes, please list some allowed foods on back of form.

\_\_\_

**Are you on special medication, have a health problem or physical handicap or allergy that may affect your attendance at the Walk to Emmaus? No** **Yes**

**(If yes, in your acceptance letter you will be invited to give us a health directive to protect your privacy.)**

Do you snore? No Yes Do you smoke? No Yes

**\_\_\_**

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

Your signature Date

Your pastor's Name & signature Date

Pastor’s Address \_\_\_\_\_\_ Pastor’s email

*In the event you must cancel, please notify your sponsor immediately. Please anticipate the weekend schedule from 7:00 pm Thursday to 6:00 pm Sunday.* ***Fee: $170.00 Please enclose a pre-registration deposit of $40.00. Make checks payable to HUMU-Walk to Emmaus.***

**SPONSOR TO FILL OUT THIS SECTION**

Name \_\_\_\_\_ Address Home Phone \_\_\_\_\_ City, State, Zip

Cell Phone \_\_\_\_\_ Email Church now attending \_\_\_\_\_ \_\_\_\_\_ Do you attend regularly? No Yes

When/where did you make your Walk? Do you attend Emmaus community gatherings?

Will you uphold your sponsorship responsibilities? Yes Unable to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 them up afterwards? No Yes

Can you care for or have you arranged to fill the needs of the pilgrim's family over the weekend? No Yes

Are you aware of the importance of minimal contact with your pilgrim during the weekend? Sponsor's signature \_\_\_\_\_\_\_\_\_\_\_\_ Date

**Mail this form to HUMU Walk to Emmaus, ATTN: Registrar, 20 South Vineyard Blvd, Honolulu, HI 96813 or email to** [**Hawaiiemmaus@yahoo.com**](mailto:Hawaiiemmaus@yahoo.com) **by deadline of July 24, 2023.**