



APPLICATION

Valley Walk To Emmaus Please check the appropriate box

☐ Men's Spring Walk
☐ Men's Fall Walk

☐ Women's Spring Walk
☐ Women's Fall Walk

Please submit Spring Walk application by **January 15** ; Fall Walk application by **August 1**.

THIS IS ONLY AN APPLICATION.

After you have completed your part of this application, please give it to your sponsor.

UPDATED: 2024

APPLICANT INFORMATION

Incomplete Applications will be returned

Please Print Clearly

Name First _____ Last _____ Name you wish on your name tag _____

Address _____ City _____ State _____ Zip _____

Home Phone (_____) _____ Cell Phone (_____) _____

E-mail Address _____ Marital Status _____

If married, is your spouse applying to attend the Walk to Emmaus? _____ Spouse Name _____

If Occupation _____ DOB _____

Name of your church _____

Health and Emergency Information – Must be Completed

Do you require any physical assistance? _____ If "yes" please specify _____

Please list any special dietary needs that we need to provide _____

Please list medications (or allergies) you are currently taking _____

Emergency Contact other than sponsor _____ Relation _____ Phone (_____) _____

TO BE COMPLETED BY APPLICANT'S PASTOR

Please Print Clearly

The objective of the Walk to Emmaus is to equip local church members for Christian action in their homes, churches, and community.

Church Name _____ Phone: _____ Pastor Email: _____

Church Address _____ City _____ State _____ Zip _____

Pastor Signature _____ Pastor's Name _____ Date _____

This signature is required

SPONSOR INFORMATION

Please Print Clearly

Name _____ Email _____

Address _____ City _____ State _____ Zip _____

Home Phone (_____) _____ Cell Phone (_____) _____

Your Church _____ City _____

COMPLETED APPLICATIONS

Please submit by: January 15 for Spring Walk or August 1 for Fall Walk

A registration deposit of \$25 is required with the application. This deposit will be applied toward your total contribution of \$160, which partially offsets the expenses of your weekend. This deposit is not refundable; however, it will be applied to a later walk, upon request. The balance (\$135.00) will need to be remitted upon arrival at Pine Eden unless paid in advance. Make check payable to VWTE.

Sponsors: please mail this completed application to: **Valley Walk to Emmaus – Registrar ; PO Box 6766 ; Columbus, GA 31917**

For phone inquiries, call or text Wanda Sanders 706-442-2234. Email inquiries to: **vwte.application@gmail.com**

Sponsor's Signature

Applicant's Signature

Date Received:	
Deposit:	Check #
Balance:	Check #