

NIEC Walk Application Information

Submit application via mail or email to:

Jill Beam - NIEC Registrar
116 Elliott St, Plymouth, IN 46563
jmbplus53@gmail.com Phone: 574-952-5827

- ☐ Pilgrim Letter Sent
- ☐ Sponsor Letter Sent
- ☐ Posted to Website
- ☐ Payment Rec'd

Name:		Gender: Male Female	
Street Address:		Mailing Address if Different:	
City:	State:	Zip Code:	
Email Address:		T-Shirt Size: S M L XL XXL XXXL	
Home Phone:		Mobile Phone:	
Church Name and address:			
Denomination and Pastor's Name:			
Emergency Contact:		Home or Mobile Phone:	
Has your sponsor explained the Emmaus Walk to you? Yes or No			
State briefly why you would like to attend: _____			
Yes / No If you are married, has your spouse been on a Walk to Emmaus or will be attending a Walk? <i>If you are married, it is recommended that you and your spouse make an equal commitment to attend a Walk to Emmaus weekend. This will allow you to share this experience with each other, and to continue building your journey in faith together.</i>			
Yes / No Are you able to participate in open communion?			
Yes / No Are you willing to dedicate a complete 72 hours to attend this walk?			
Health & Dietary Information			
Please complete the following medical and dietary information, which will assist us to help you have enjoyable time on the Walk.			
() Asthma () Epilepsy () Migraine () Travel Sickness () Diabetes			
() Blood Pressure () Bronchitis () Heart Condition () Hay Fever () Head _____			
Aches () C P A P () Other:			
If you require medication during the day or night and will need someone to let you know when to take your medication, please indicate the times below:			

Please list ALLERGIES (food/drug/environmental):

Please list any disabilities or assistance needed:

Information Privacy:

() ***I authorize the release of my application information for the purpose of planning & conducting the Walk to Emmaus. During the process of organizing a Walk to Emmaus weekend the application information will be shared only with the appropriate team members where it will remain confidential.***

Signature of Applicant: _____ **Date:** _____

Walk Sponsor Information

First Name:

Last Name:

Street Address:

Mailing Address if Different:

City:

State:

Zip Code:

Email Address:

Home Phone:

Mobile Phone:

Church Name/
Denomination

Emmaus Community:

Your Walk/Flight #
and Location:

Reunion Group:

Are you sponsoring for the first time?

Yes or No

Do you commit to pray for and support the applicant and their family before, during and after the walk? Yes or No **(This includes all weekend activities and taking the applicant to their first Reunion Group Meeting.)**

Does the applicant have a spouse who is also being sponsored? Yes or No

Briefly state why you recommend this applicant attend a walk: _____

Does the applicant need financial assistance for the \$175.00 walk fee? Yes or No

Payments: Walk Fee \$175.00 (effective 08/01/2023) Through PayPal -- @NIEmmaus OR Mail Payment to:
Tammy Luce, NIEC Treasurer, 215 N Orange Street, Albion, IN 46701. *Make checks out to NIEC*
A \$75.00 deposit (non-refundable) will need to be sent with application and will be applied toward the total walk fee.