



### NIEC Walk Application Information

(The sponsor along with the "pilgrim" will then need to submit application and \$65.00 deposit (non-refundable) for the registration fee. The full cost of the walk is now \$130.00.)

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

Preferred First Name: (Will appear on Name Badge)	Date of Birth ____/____/____
Last Name:	Gender: Male                  Female

Street Address:	Mailing Address if Different:
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City:	State:	Zip Code:
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Email Address:
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Home Phone:	Mobile Phone:
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Church Name/ Denomination
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Emergency Contact:	Home or Mobile Phone:
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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	Could you partake 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	( ) Other: _____
( ) Heart Condition	( ) Hay Fever	( ) Head Aches	( ) Other: _____

Do you require MEDICATION at set times during the day or night? Yes or No (please specify)
Medication                                  Dosage                                  Frequency/Timing
_____
_____

Do you suffer from other Aliments or Disabilities:	Yes or No
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Do you suffer from any ALLERGIES? Yes or No (please specify) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**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 #  
Location: \_\_\_\_\_

Reunion Group: _____	Are you sponsoring for the first time? Yes or No
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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 \$130.00 cost to attend the walk? **Yes or No**  
 (Check may be written out to NIEC (North Indiana Emmaus Community).

Mail check and application to: Susan Marsh, 107 East Main St. Flora IN 46929