



WALK TO
EMMAUS
THE UPPER ROOM®

**NORTHERN ILLINOIS EMMAUS
APPLICATION TO ATTEND
WALK TO EMMAUS**

Walk # _____
Mo/Yr _____

PLEASE ENCLOSE A NON-REFUNDABLE APPLICATION FEE OF \$50.00 THAT WILL BE APPLIED TO THE **\$275.00** FEE. THE BALANCE IS TO BE PAID AT OR BEFORE REGISTRATION.

Deposit & Walk Fee payment Methods:

1. Make checks payable to: **Northern Illinois Emmaus** and enclose with this application.
2. Pay via the Emmaus community website at www.nil-emmaus.org using the "Donate" button and selecting the donation type "**Walk Fee Pilgrim**" located on the bottom left corner of our home page.

Mail Application to: Northern Illinois Emmaus, PO Box 24, Crystal Lake, IL 60039-0024

SECTION 1: TO BE COMPLETED BY APPLICANT (Please print or type)

Name: _____ Name on Name Tag: _____

Address: _____ Age: _____ Marital Status: _____ Children: _____

City: _____ State: _____ Zip: _____ Cell Phone: () _____

Email Address: _____ Home Phone: () _____

Church: _____ Church City: _____

Pastor: _____ Phone: () _____ Do you want your Pastor contacted? Yes ☐ No ☐

Occupation: _____ Employer: _____

Religious/Community involvement (activities, studies, teaching, etc): _____

Spouse's Name: _____ Will/has spouse been invited to attend a Walk? Yes ☐ No ☐

If NO to previous question, please explain: _____

Have the following been explained to you (and your spouse if married):

Emmaus Weekend? Yes ☐ No ☐ Follow up? Yes ☐ No ☐ Reunion Group? Yes ☐ No ☐

Briefly state why you decided to apply to attend the Walk: (use back if needed)

Name/telephone number to contact in case of emergency: _____ Tel: () _____

Name/telephone number to contact in case of emergency: _____ Tel: () _____

Please list any serious medical conditions or limitations which may need to be considered by Northern Illinois Emmaus:

Describe any special dietary needs (e.g. diabetes, intolerances, allergies):

NOTE: *The Walk to Emmaus is a three-day immersive experience in a location intended to be remote from your "normal" routine. Northern Illinois Emmaus has neither the resources nor the personnel to provide medical support or non-routine assistance (including those with severe ambulatory challenges, highly specific dietary restrictions, unique medication requirements, or other special physical needs) and therefore, must reserve the right to defer or decline an applicant's request to participate in the Walk. All decisions in this regard will be made in full, final and good faith discretion of the Northern Illinois Emmaus Board of Directors, as delegated to the Walk Lay Director, Board Advisor and Community Lay Director for the Walk in question, after prayerful consultation with the applicant and/or the applicant's sponsor.*

I have read and understand the above statement and am able to participate fully in the weekend.

SIGNATURE OF APPLICANT: _____ **DATE:** _____

SECTION 2: TO BE COMPLETED BY SPONSOR (Please print or type)

Name: _____ Home: (____) _____ Cell: (____) _____

Address: _____ City/State/Zip: _____

Email Address: _____

Church/Denomination: _____ Do you receive the Emmaus Newsletter? Yes ☒ No ☐

Your Walk/Cursillo Flight # _____ Date: _____ Location: _____

Reunion/Accountability Group: _____ How long have you known this person? _____

Will you fulfill sponsorship responsibilities? Yes ☐ No ☐ If NO, who have you designated?

Why do you think the Walk to Emmaus is appropriate for your applicant? (Use back if needed)

Please list any known serious medical condition(s) or limitations affecting your applicant which may need to be considered by Northern Illinois Emmaus: _____

I have read and understand the NOTE above regarding facility changes and liability issues. I understand that it is my responsibility to understand my Pilgrim's needs and their challenges or limitations that might impact their ability to fully participate in the weekend.

SIGNATURE of SPONSOR: _____ **DATE:** ____/____/____

Generally, applications must be received at least 15 days prior to the weekend; this may vary based on facility for the weekend.



FOR REGISTRAR'S USE ONLY

Date completed application received: ____/____/____ Check#: _____ Amount: _____

Date notification letters sent: Applicant: ____/____/____ Sponsor: ____/____/____