



Walk to
Emmaus
THE UPPER ROOM®

WNC Mountaintop
Emmaus Community

**IF YOU'VE BEEN SICK OR HAVE BEEN EXPOSED TO ANY ILLNESS
10 DAYS PRIOR TO CHECK-IN, PLEASE CONSIDER ATTENDING A
FUTURE WALK. YOU MAY CONTACT THE REGISTRAR TO
RESCHEDULE.**

The Registrar
WNC Mountaintop
Emmaus Community
Stephanie Welch, 828-788-1692
steph.welch1974@gmail.com
8 Carol Beck Lane
Cherokee, N.C. 28719

App. Rcvd: _____
Paid: _____
Sponsor: _____
Responded: _____
Room Assigned: _____

Application for Attendance

- Women's Walk #199 March 21-24 – **deadline for apps 3/10/24**
- Men's Walk #200 May 16-19 – **deadline for apps 5/6/24**

Part 1: to be completed by Applicant.

Name: _____ Phone(s): _____

Address: _____ City, State _____ Zip code: _____

Email Address: _____ Name desired on Name Badge: _____

Occupation: _____ DOB & Age: _____ Marital Status: _____

Emergency contact person: _____ Relationship: _____ Phone: _____

Has the Walk to Emmaus weekend been explained to you? Yes No Church Attended: _____

Do you require a special diet, (eg: allergies, vegetarian, vegan, gluten free, dairy free etc)? Yes No

If Yes please specify: _____

Do you have any health situation (cpap, etc), allergies or medications which should be made known to the Leader? Yes No

If yes, please give details: _____

Are you able to climb into a top bunk bed, if necessary? Yes No

State briefly why you wish to attend: _____

I give permission for my name, address, phone number, Email address & Photo to be stored & used within the Emmaus Community

Signed: _____ *Tick box to show agreement* Date: _____

Emmaus Walks are conducted at Camp Living Waters, Bryson City. All meals are provided. Shared bedrooms and facilities

You will be notified by email of your Walk - this email will come from mtemmausregistrar@gmail.com. Please check your spam.

Part 2: to be completed by Sponsor

Name: _____ Phone(s): _____

Address: _____ City, State: _____ Zip Code: _____

Email Address: _____

Reunion Group: _____ Church attending: _____

Where did you attend your Walk: _____ Walk number or month / year? _____

Will you participate in the 72 hour prayer vigil for the Walk? Yes No

Have you explained the outline of an Emmaus Walk and the accommodation arrangements to the applicant? Yes No

Why do you recommend this applicant? _____

Gifts, Talents or abilities of this applicant (Musical instrument – Worship Leading – Prayer – Computer skills – etc.)

Sponsor Signature: _____ *Tick box to show agreement* Date: _____

**NOTE - Applications close 10 days prior to the Walk and you are encouraged to be in as early as possible.
Late applications will be deferred till a later Walk.**

**You will be notified by email of your Sponsor duties - this email will come from mtemmausregistrar@gmail.com.
Please check your spam.**