



**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 # \_\_\_\_\_ – **App deadline:10 days prior to Walk**
- Men's Walk # \_\_\_\_\_ – **App deadline:10 days prior to Walk**

*Part 1: to be completed by Applicant. All meals are provided. Shared bedrooms and facilities*

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 that we need to know about?  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:** \_\_\_\_\_

**You will be notified by email of your Walk - this email will come from [mtemmausregistrar@gmail.com](mailto: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 – Application deadline is 10 days prior to the Walk. Late applications will be deferred to a later Walk. If your Pilgrim cancels, your fee may be refunded or you may donate the fee to the Community OR Scholarship Fund.**

**You will be notified by email of your Sponsor duties - this email will come from [mtemmausregistrar@gmail.com](mailto:mtemmausregistrar@gmail.com). Please check your spam.**