



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 provided. Shared rooms & facilities

Name: _____ Phone(s): _____

Address: _____ City, State _____ Zip code: _____

Email Address: _____ Name desired on Name Badge: _____

Occupation: _____ **DOB & Age:** _____ **REQUIRED** 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, Oxygen, 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: _____ *Check box to show agreement* **Date:** _____

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/abilities of this applicant (Musical instrument – Worship Leading – Prayer – Computer skills – etc.)

Sponsor Signature: _____ *Check 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. Please check your spam.