



Application to Attend an Emmaus Weekend

Greetings,
We are excited that you want to attend an Emmaus Weekend. As you tell us about yourself, please do the following:
1) Print or type the information 2) Make your check of \$50.00 payable to Dan River Emmaus 3) return your application and deposit to your sponsor so they can get the information to our Community Registrar. Your sponsor will notify you if you have been selected to attend the weekend. There will be NO ADDITIONAL COST to you for your weekend. Thank you,
Your brothers and sisters in Christ of the Dan River Emmaus Community

Name: _____ **Sponsor's Name:** _____

Address: _____ **Telephone:** (____) _____

City: _____ **State:** _____ **Zip:** _____ **Email:** _____

Name you would like on your nametag: _____

Your Age: _____ Male Female **Occupation** _____

Marital Status: Single Married Divorced Widowed

If married, name of spouse: _____

Has your spouse applied for or attended an Emmaus weekend? Yes No

If yes, When _____ **Where** _____

Do you play a musical instrument? Yes No **If so, what kind?** _____

Health History:

Do you have any health concerns that may affect your participation on the weekend? Yes No **If yes, please list:**

Are you on any medications that you depend on daily?

Are you on a special diet in which you can only have certain foods? If so, please list:

Church History:

Name & Denomination of Church you are active in: _____

Name & Address of your Pastor: _____

Have you or do you currently hold any leadership positions in your church? Yes No **If so, please list:**

Finally, state briefly why you wish to attend an Emmaus Weekend, what you expect to gain from it, and anything else about yourself that you would like for us to know:

Applicant's Signature _____ **Date** _____

Sponsorship

To be completed by the Sponsor

Name: _____ Telephone Home: (_____) _____

Address: _____ Work: (_____) _____

City: _____ State: _____ Zip: _____ Email: _____

Did you attend a weekend of: Emmaus Cursillo

Where _____ When _____ Walk # _____

Name & Denomination of the Church you are active in _____

Do you attend a group reunion/covenant? Yes No

Have you attended a Day of Deeper Understanding? Yes No

How long have you known the applicant? _____ Have you explained the Walk to the applicant? Yes No

Have you explained the follow-up program of Emmaus groups and the post-Emmaus meeting? Yes No

Will you bring the applicant to the Emmaus site? Yes No

Will you attend? Sponsor's Hour Yes No Candlelight Yes No Closing Yes No

Sponsor's Signature _____ Date _____

Please mail the completed application and deposit to:

Dan River Emmaus

P.O. Box 2640

Danville, VA 24543

***** FINANCIAL NOTE *****

The sponsorship fee for the applicant is \$150.00 in addition to the \$50.00 application fee making the total cost for the applicant \$200.00. If financial assistance is needed, the financial aid application **MUST** be filled out and returned with the application to be eligible for financial aid. Sponsorship fee may be mailed prior to the walk or can be paid **NO LATER** than on Thursday at Sponsor's Hour.

For Administrative use:

Date Application received: _____

Deposit received: Yes No Amount: _____

Sponsor contacted upon selection: Yes No

Release/Liability Form

I, the undersigned, have voluntarily decided to participate on a Walk Weekend (the "Walk") at the Betsy Penn 4-H Camp sponsored by Dan River Emmaus. I agree that I am assuming all risks of any injury to me or damage to property as a result of my participation on the Walk. I hereby release Dan River Emmaus, its members, directors, officers and agents from any and all liability of any kind resulting from any injury to me or damage to any of my property while I am participating on the Walk. I further agree to indemnify and save and hold harmless Dan River Emmaus, its members, directors, officers and agents from any and all claims or demands whatsoever arising out of or a result of my participation on the walk.

I, the undersigned, also hereby authorize any member, director, officer or other agent of Dan River Emmaus, who is assisting on the Walk, to assist me in seeking any emergency medical attention that I may require while participating on the Walk, with the understanding that neither Dan River Emmaus nor its members, directors, officers or agents are required to assist me with any emergency medical attention which may be required while I am participating on the Walk.

My medical insurance provider is _____

My medical insurance policy # is _____

The principle insured on my medical insurance policy is _____

My medical insurance provider can be reached at (Phone) _____

In case of emergency, you can call _____ **Relationship** _____

Home phone # of contact (_____) _____ **Work phone # (_____)** _____

Cell phone # (_____) _____

In case of emergency, you can call my: Spouse Next of kin Close friend/relative

Name of above selected contact: _____

Home phone # of contact (_____) _____ **Work phone # (_____)** _____

Cell phone # (_____) _____

I certify that the above information is correct, and I have voluntarily executed the Release/Liability Form.

Signature: _____ **Date:** _____

Print Name: _____