



PILGRIM APPLICATION: Coastal Carolina Emmaus Community

Pilgrim Information:

Your Sponsor's Name: _____

First Name _____ Middle _____ Last Name _____

Personal Unique Email (print neatly) _____ Email must be unique to applicant
Shared or Alternate Contact Email: _____

Street Address _____ City _____ Zip _____

Phones: Primary _____ Alternate _____ Work _____

Date of Birth _____ Gender: F M Occupation _____

Name for Name Tag _____ (First and Last Name) Are

you a member of the Clergy? _____ Musician (sing or play instrument?) _____

Pilgrim's Church _____ Phone _____

Church Address _____

Pastor _____ Church Email _____

Emergency Contact other than your Sponsor

Name _____ Relationship _____ City _____

Primary Phone _____ Alt Phone _____

Medical Information – Must Complete

Please note any significant Health Conditions we should be aware of in an emergency, even if they are currently well managed

Do you have Physical Limitations that we should be aware of? If yes, please describe so we can try to accommodate your needs.

Ex: do you use a walker, wheel chair, need a handicap shower, are unable to climb stairs, hearing or vision problems...

As you will not be wearing a watch, do you need to take a medication at a time *other than* with meals, waking, or going to bed? _____

Do you have any food allergies or **required** dietary restrictions? (Peanut allergy, Dairy, Eggs, etc.)

Has the purpose of the Walk been explained to you? _____ Has your sponsor discussed follow-up activities?

_____ Can you attend the Walk on short notice if you are placed on a wait list? _____

Pilgrim's Signature _____ Date _____

A deposit of \$50 is required with your application, and the balance must be paid at Registration, if not before. If you are unable to attend the Weekend that you are applying for, your deposit will be rolled over to the next available Walk date. The current cost for the Walk to Emmaus is \$175. The cost for the Walk to Emmaus is not guaranteed beyond the current year.

This Page is to be completed by the Pilgrim's SPONSOR only:

Sponsor Name: _____ Pilgrim's Name: _____

Sponsor's Email (PRINT LEGIBLY!) _____

Primary Phone _____ Alt Phone _____

Name and Church of your Reunion Group? _____

Pilgrim Assessment: The Retreat Center has low impact steps to the main level and the Conference Room level, as well as a ramp from ground floor to the Conference Room. Once upstairs the decks connect each building. Most activities only require climbing up or down one flight at a time.

After speaking to your Pilgrim in general about their physical abilities...

Do you feel your Pilgrim is: able to manage climbing a flight of stairs? _____ Would be more comfortable walking the ramp? _____ Requires a wheel chair? _____ Will need a handicap shower? _____

Beds: (IMPORTANT) Salt and Light has bunk beds. NOT EVERYBODY can be guaranteed a bottom bunk, especially if the Walk is full to capacity. Could your Pilgrim manage a top bunk in a pinch? _____ Does your Pilgrim REQUIRE a bottom bunk for age/health reasons? Why? _____

Sponsor Information:

Please sign into your profile at <https://ministrymanager.upperroom.org/> and update your contact information. If you are new to our Community, please contact the Registrar to be added to Ministry Manger. If you have Sponsorship questions, or are unable to sign into Ministry Manager, please contact the Registrar at registrar@cemmaus.org

Sponsor Responsibilities:

Have you reviewed the Steps to good sponsorship? _____ Understand that you are responsible for getting the Pilgrim to the Walk and back home? _____ Must collect a minimum of 12 letters? _____ Must attend Registration, Sendoff and Sponsor's Hour, Candlelight, and Closing for your Pilgrim? _____ Will help your Pilgrim attend the Follow-up meeting? _____

I understand that by undertaking sponsorship I agree to meeting all of the above 'Special Agape' obligations in regard to my Pilgrim.

Signature: _____ Date: _____

Sponsor, please verify that the Pilgrim has filled out the form COMPLETELY, and mail with \$50 deposit to:

Coastal Carolina Emmaus, P.O. Box 4826, Wilmington, NC 28406

- **Current cost for Pilgrim is \$175. If paying by check, please include the Pilgrim's Name in the memo line so your money is applied correctly. Also, please copy, or take a clear picture of the application, before mailing the original along with the deposit to the Treasurer. Email the copy to registrar@cemmaus.org for faster response.**

To Be Completed by the Treasurer:

Fees included with the application: \$ _____ Paid with PayPal online/cash/check# _____ Date Received: _____

Name on Check: _____ Name of Pilgrim: _____

Treasurer's Initials: _____