

**Koinonia Emmaus Community
Of Northeast Mississippi
Pilgrim Application**

To be completed by the Pilgrim Applicant:

Please Print

Name _____ Address _____
City _____ State _____ Zip _____ Phone _____
Name for Name Tag _____ Male _____ Female _____
Complete name of church now attending _____
Pastor's Name _____
Your Age _____ Marital Status _____ Number of children _____
Spouse's Name _____ If married, has your spouse been on a Walk to Emmaus? _____
Has your spouse applied to go on a Walk? _____
Occupation _____
Employer _____
Business phone _____
Highest level of education _____
Religious or community organizations in which you participate _____

Has the Walk to Emmaus been explained to you? _____ Has the follow-up program of
Emmaus groups and the post-Emmaus meeting been explained to you? _____
Are you on a special diet? _____ If so, please describe _____
Are you on a prescribed medication? _____ Please list _____

Do you have any health problem or physical handicap that may need special accommodation at the Walk to
Emmaus? _____

State briefly why you wish to be involved in the Emmaus Community and what you expect from it: _____

Applicant Signature _____ Date _____
Sponsor's Name _____ Address _____
City _____ State _____ Zip _____ Phone _____
Sponsor's Signature _____ Date _____

All of the above information is necessary for your proper placement in a Walk to Emmaus. Please fill in all blanks. Enclose a registration deposit of \$25.00. This will be applied toward your contribution of \$100.00, which partially offsets the expenses of your weekend. This deposit is not refundable. Make your check payable to: Koinonia Emmaus Community. Please return this application form and your deposit check to YOUR SPONSOR.