

KOINONIA EMMAUS COMMUNITY
Of NORTHEAST MISSISSIPPI
Pilgrim Application

To be completed by **Pilgrim Applicant:**

Please Print

Name _____ Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email Address _____

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 on a Walk to
Emmaus. Please fill in all blanks. Enclose a registration deposit of \$25.00. This
will be applied toward your contribution of \$125.00, 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.