



BETHLEHEM WALK TO EMMAUS - PILGRIM/SPONSOR APPLICATION

Joey McCaskill, Registrar

PO Box 21

Bonifay, FL 32425

850-643-8633

jmccaskill14@gmail.com

Prior to processing, this application must be completed in full and submitted with a **nonrefundable \$25.00 deposit**.

Please make check payable to Bethlehem Walk to Emmaus or BWE.

TO BE COMPLETED BY THE PILGRIM *(you may use the back if needed)*

Pilgrim Name *(as wanted on name tag)* _____

Pilgrim Address: _____ City _____ State _____ Zip _____

Cell Phone: _____ Home Phone: _____ Email: _____

Date of Birth: ____/____/____ Occupation _____

Circle One: Male/Female

Circle One: Clergy/ Laity

Circle One: Single/ Married/ Widowed/ Divorced

Spouses Name: _____ Has spouse attended a walk _____ (Community/#) _____

Please list medications _____

Dietary restrictions or allergies _____ Explain _____

Do you require physical assistance _____ Explain _____

Are you able to use an upper bunk? _____ Special boarding needs _____

Emergency Contact _____ Relationship _____ Phone _____

Church you attend? _____ Pastor _____

Address _____ City _____ State _____ Zip _____

Why do you want to attend the Walk to Emmaus? _____

Pilgrim's

Signature _____ Date _____

TO BE COMPLETED BY THE SPONSOR *(you may use the back if needed)*

Sponsor's Name _____

Address _____ City _____ State _____ Zip _____

Cell Phone _____ Home Phone _____ Email _____

Walk attended (Community/#) _____ Do you attend Gatherings _____

Reunion Group _____ How long have you known pilgrim? _____

Explain why do you believe this person would be a good pilgrim? _____

Have you fully explained the Emmaus program and weekend to your pilgrim? Circle One: Yes/No

Sponsor's Signature _____ Date: _____

For use by Registrar:

Date Application was received _____ Deposit \$ _____ Check # _____

Date Pilgrim's Conformation Letter sent _____

Revised 10/2023