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# NOAHS OF ARK EMMAUS WALK PILGRIM APPLICATION FORM

Check # \_\_\_\_\_

Date Received: \_\_\_\_\_

Amount \$ \_\_\_\_\_

SPONSOR'S NAME: \_\_\_\_\_  
\_\_\_\_\_

Return to: Noahs of Ark Emmaus - Registrar  
144 Apple Blossom Circle  
Hot Springs, AR 71913  
e-mail [noahsofark@gmail.com](mailto:noahsofark@gmail.com)

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Main Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Name Wished on Name Tag \_\_\_\_\_ DOB \_\_\_\_\_ Number of Children \_\_\_\_\_

Marital Status:  Single  Married  Divorced  Separated  Widowed Spouses Name \_\_\_\_\_

Are You:  Male or  Female /  Lay person or  Clegy

Occupation \_\_\_\_\_ Company \_\_\_\_\_

Name of Church now attending \_\_\_\_\_

Address of Church \_\_\_\_\_

Pastor's Name \_\_\_\_\_ Are you actively involved in the Church? \_\_\_\_\_

List any Religious or Community Activities in which you are active \_\_\_\_\_

To the best of your knowledge, do you know anyone (relative/friend/church member) who will attend this Walk?  Yes,  No

If "yes", then who? \_\_\_\_\_

Are you on a special diet? \_\_\_\_\_ If yes, please fill out detailed information on the back

Are you on special medication? \_\_\_\_\_ If yes, please fill out detailed information on the back.

Are there other health or physical needs (allergy to a specific food) that might affect your participation on the Walk? \_\_\_\_\_

Describe: \_\_\_\_\_

Are you a smoker? \_\_\_\_\_ Are you a snorer? \_\_\_\_\_ Has the Walk to Emmaus been explained to you? \_\_\_\_\_

Have reunion groups and gatherings been explained to you? \_\_\_\_\_

Briefly describe why you wish to attend the Walk to Emmaus and what you expect from it: \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

### PLEASE CIRCLE YOUR PREFERRED WALK DATE

Men's Walk Dates	Women's Walk Dates
Walk # 170, March 27-30, 2014	Walk #171, April 24-27, 2014
Walk # 172, Sept 18-21, 2014	Walk #173, Oct 9-12, 2014

NOTE: All information is necessary for proper placement on a Walk. Please fill in all blanks. Pilgrims will be placed on a Walk when ALL application materials are received in the Emmaus office. A complete application includes: 1) a completed Pilgrim Application Form, 2) a completed Sponsor's Form, and 3) **the Walk Fee of \$160.00** (payable to NOAHS OF ARK EMMAUS) which is cashed upon receipt. Walk fee is non-refundable upon completion of a Walk. Applicants will be placed on the first Walk with space available unless a different request is noted below. Camp Tanako is now a tobacco free facility which means there is NO smoking or any type of tobacco use allowed anywhere on their property, this includes cabins, restrooms, etc. Please talk with your sponsor if this presents a problem for you.

# NOAHS OF ARK EMMAUS WALK PILGRIM APPLICATION FORM

Pilgrim Name: \_\_\_\_\_

Additional Medical Information:

Daily Medication	Dosage	Time to be taken

Additional Dietary needs:

Specific Food that pilgrim can not have	Alternative or Substitute that works	Additional Information