

**ELIZABETHTOWN WALK TO EMMAUS  
REQUEST FOR RESERVATION  
(Please Print)**

PLEASE INDICATE CHOICE: Men's Walk (date) \_\_\_\_\_ Women's Walk (date) \_\_\_\_\_

*The Walk to Emmaus* is a three-day experience of renewal, learning and sharing in the atmosphere of a Christian community. It is a different experience for each individual. It is not designed for the solution of deep-seated personal problems but to help mature people work toward a Christian way of life with community support. Husbands and wives are invited as a couple and should make a joint commitment to attend. Husbands usually attend first. Each person must submit a separate application, and married couples are requested to turn in both applications at the same time. Selection preference will be given to couples both agreeing to attend.

TO BE FILLED OUT BY THE CANDIDATE **(PLEASE PRINT LEGIBLY AND FILL IN ALL BLANKS):**

NAME: (First Name Preferred for Name Tag) \_\_\_\_\_ LAST: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME / CELL PHONE: ( ) \_\_\_\_\_ WORK: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

PERSONAL INFORMATION: Male  Female  Age \_\_\_\_\_ Single  Married  Widowed

Number of Children: \_\_\_\_\_ Their Ages: \_\_\_\_\_

Occupation (clergy see below\*): \_\_\_\_\_ Employer: \_\_\_\_\_

**\*CLERGY ONLY\*** FULL TIME  BI-VOCATIONAL  EVANGELIST

Name of Church Now Attending: \_\_\_\_\_ Denomination: \_\_\_\_\_

Church Address: \_\_\_\_\_

Minister's Name: FIRST \_\_\_\_\_ LAST \_\_\_\_\_ Church Phone: ( ) \_\_\_\_\_

In what other Christian or community organizations are you active? \_\_\_\_\_

1. Has the *Walk to Emmaus* been explained to you? \_\_\_\_\_ 2. Have the follow-up programs of reunion groups and gatherings been explained to you? \_\_\_\_\_ 3. State briefly why you wish to be involved in the *Walk to Emmaus* and what you expect from it: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Are you on a special diet? Limitations: \_\_\_\_\_

5. Are you on special medication?: \_\_\_\_\_ Will you need assistance administering it?: \_\_\_\_\_

6. Do you have a health problem or physical handicap that may affect your attendance and/or participation at a *Walk to Emmaus*? \_\_\_\_\_ Request a wheelchair: \_\_\_\_\_

**NOTE: (Attach a separate sheet of paper if more space is needed.)**

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

All the above information is necessary for your proper placement in a *Walk to Emmaus*. Please fill in **ALL BLANKS**. The cost of a weekend is \$75.00 per person. A \$10.00 NONREFUNDABLE deposit must be given to your sponsor along with your completed application. The remaining amount may also be sent, or else it will be collected at the Registrar's table upon arrival. Make checks payable to the ELIZABETHTOWN EMMAUS COMMUNITY.

**(Note):** Please advise your sponsor if financial help is needed. **Please do not let inability to pay the cost of the weekend at the present time keep you from applying or attending.** This form is an application, and its submittal does not guarantee acceptance. You may be placed on a waiting list since we only have a certain number of spaces available. Early applicants will be notified of acceptance by letter several weeks before the Walk to Emmaus. Late applications will be handled as quickly as possible.

**PLEASE PRINT:** SPONSOR'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: HOME/CELL ( ) \_\_\_\_\_ WORK: ( ) \_\_\_\_\_

**TO BE FILLED OUT BY THE SPONSOR: (INCOMPLETE FORMS WILL BE RETURNED AND MAY RESULT IN THE CANDIDATE BEING UNABLE TO MAKE THE WALK.) PLEASE PRINT LEGIBLY.**

Candidate's Name: FIRST \_\_\_\_\_ LAST \_\_\_\_\_

Sponsor's Name: FIRST \_\_\_\_\_ LAST \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME / CELL PHONE: (\_\_\_\_) \_\_\_\_\_ WORK: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Name of Church Now Attending: \_\_\_\_\_ Denomination: \_\_\_\_\_

Do you attend regularly?: \_\_\_\_\_ Where did you make your Emmaus/Cursillo?: \_\_\_\_\_ When?: \_\_\_\_\_

Emmaus / Cursillo No.: \_\_\_\_\_ Are you in a reunion group?: \_\_\_\_\_ Which group?: \_\_\_\_\_

How many candidates have you sponsored in the last year? \_\_\_\_\_

Are you serving and sacrificing for your candidate's weekend? \_\_\_\_\_

**Will you:** Clear your weekend, help your candidate's family, and attend the community events in support of your candidate? \_\_\_\_\_

Pray for your candidate? \_\_\_\_\_ Bring your candidate to Sendoff for the *Walk to Emmaus*? \_\_\_\_\_

Participate in the Sponsor's Hour? \_\_\_\_\_ Care for the needs of your candidate's spouse / family over the weekend? \_\_\_\_\_

Assist the candidate to get into a reunion group? \_\_\_\_\_

Explain the monthly Gathering? \_\_\_\_\_ Accompany the candidate to the Gathering? \_\_\_\_\_

Why do you feel that this person would be a good candidate?: \_\_\_\_\_

To the best of your knowledge, has your candidate committed his/her life to Christ? Yes  No  Unsure

The weekend can prove strenuous both physically and emotionally. Does the candidate have the physical and mental health needed for a *Walk to Emmaus*? \_\_\_\_\_

Is the candidate under any temporary emotional strain that might indicate his/her weekend should be postponed? \_\_\_\_\_

If the candidate is married, have you discussed Emmaus with their spouse? \_\_\_\_\_

Have both made a commitment to attend? (If not, please explain below in the comment section any special reason for considering the candidate's application.) \_\_\_\_\_

Are you aware of the importance of **minimal contact** with your candidate during the weekend, **especially** if the candidate is your wife/husband? \_\_\_\_\_

Do you know it is the sponsor's responsibility to see that the fee is either paid by the candidate, scholarship, or sponsor? \_\_\_\_\_

Will you notify the registrar as soon as possible if your candidate is unable to attend? \_\_\_\_\_

Sponsoring a candidate is both a joy and a responsibility. There are things you must do for your candidate before, during and after the weekend. Remember also that the *Walk to Emmaus* is **not** structured to solve deep-seated personal problems. It is designed to provide to those attending a personal encounter with Jesus Christ.

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

MAIL TO:  
ELIZABETHTOWN EMMAUS COMMUNITY  
P.O. BOX 2070  
ELIZABETHTOWN, KY 42702

CHECK LIST:  
1. BOTH SIDES OF FORM COMPLETED   
2. \$10.00 DEPOSIT ENCLOSED

Comments: \_\_\_\_\_

Revised January, 2012