Cross Country Emmaus Community Walk to Emmaus Request for Reservation

Pilgrim Information

Desired Walk Number (1) (2) (3)	
Name	M F DOB//
Preferred "NAME TAG" Name if different:	
Mailing Address	
City	St Zip
Phone () Home? Cell?	
eMail Address	Single Married Divorced Widowed
Name of Church	Denomination
Has Emmaus been explained to you, including Emma	aus follow-up? Y N
Could you attend on short (2-4 days) notice? Y N	N
Are you on a special diet? Y N If YES, please	explain:
Are you on any medications? Y N If YES, wha	at are they?
This is refundable up to (7) seven days before the w EMMAUS COMMUNITY. Your application cannot be pr *REGISTER ONLY IF YOU INTEND TO BE PRESE Note: Scholarships may be available but should be a sampunity.	rocessed before the full registration fee is received. INT FOR THE ENTIRE WEEKEND.*
community. Please have your Pastor sign this form. Applican	
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Medical Release

The Cross Country Emmaus Community requires that each person attending a Walk weekend, have this form complete and on file before being allowed to participate in the weekend.

Please fill in all blanks. Please type or print legibly.

Name				M F	DOB	_//
Mailing Address						
City			St		Zip	
Phone ()	Home?	Cell?	_ Work Phone (_)	=	-
Name of Nearest Relativ	e/Spouse:					
Phone ()	Home?	Cell?	_ Work Phone (_)		-
One Other Person/Relati	onship:					
Phone ()	Home?	Cell?	_ Work Phone (_)		-
Insurance Co						
Group/Policy #			Ins.	Co. Phon	e () _	
Physician's Name			Physic	an's Phon	ie () .	=
City			St		Zip	
In the event of an emergerous Country Emmandand treatment by license anesthesia, for my wellb	us Community ed medical prof	STAFF/REPR	ESENTATIVE has r	ny permis	sion to ob cessary, in	tain services
Pilgrim Signature:					J Date: _	/

Cross Country Emmaus Community Walk to Emmaus Request for Reservation

Sponsor Page

(To Be Filled Out by Sponsor)

Sponsor's Name
Mailing Address
City St Zip
Phone () Home? Cell? Work Phone ()
Name of Church now attending
DenominationDo you attend regularly? Y N
Where did you go on a Walk?
Are you in a Reunion Group? Y N
How many Pilgrims have you sponsored in the last year?
How long have you known the candidate?
Is this person a Christian? Y N
Is this person active in a local Church? Y N
Does the candidate have the physical and mental health needed for a Walk to Emmaus? Y N
Is the candidate under any temporary emotional strain that might indicate his/her weekend should be postponed? $Y_{}N_{}$
If the candidate is married, have you discussed the Walk to Emmaus with their spouse? Y N
Why do you feel this person would be a good candidate?
It is extremely important that you, as the Sponsor, attend all the activities of the Walk
weekend. As the Sponsor, will you:
Sign up for 72 Hour Prayer Calendar Y N
Bring the candidate to the Emmaus site <u>after 6: 00 pm and before 7: 00pm?</u> Y N
Secure Agape Letters from Candidate's friends and family? Y N
Attend Sponsor's Hour? Y N
Attend Candlelight? Y N
Attend the Closing Ceremonies? Y N
Provide Agape items for the Walk weekend? Y N
Care for the needs of your candidate's spouse/family over the weekend? Y N
Are you aware of the importance of minimal contact with your candidate during the weekend, especially if the candidate is your spouse? $Y_{}N_{}$
Are you willing and able to assist the candidate to get into a Reunion Group? Y N
Sponsor's Signature:

Cross Country Emmaus Community Walk to Emmaus Request for Reservation Prescription Medication Information

Please list all medications and all relevant information below Are there any other needs we should know about that haven't been already listed?