

Llano Estacado Emmaus Community

P.O. Box 744 Slaton, TX 79364-0744

(Application Form: Revised August 2008)

To be filled out by the **CANDIDATE**. All information is necessary for your proper placement on the "Walk to Emmaus". **Please complete all blanks.** Please print clearly.

Walk Requested: _____
(or indicate "Next Available".)
1st Choice Date: _____
2nd Choice Date: _____
3rd Choice Date: _____

Name _____ Male (___) Female (___)

Address _____ City _____ St _____ Zip _____

Phone _____ Email address: _____

Name Desired on Name Tag (if different) _____ Date of Birth _____

Married (___) Single (___) Divorced (___) Widowed (___) Separated (___)

Occupation _____ # of Children _____

Name/Denomination of church attending _____

Please indicate any health or physical problems that might affect your participation in a Walk to Emmaus weekend. Also, please indicate any special diet or medication needs that you have:

Has the Walk to Emmaus, including post-walk activities been explained to you? _____

State briefly why you wish to attend a Walk to Emmaus, and your expectations of the weekend:

Please enclose \$135.00, increase beginning September 2008 (no partial payments) with this application. This is the full cost for the weekend and is refundable up to seven days before the weekend. In the event that it becomes necessary to cancel, please notify your Sponsor, and they will notify the Registrar. First-time cancellations are placed at the bottom of the waiting list for the next walk. Second-time cancellations result in the application and registration fee (less \$15 handling fee) being returned. Please allow 2-3 weeks for your refund. **Register only if you can be present for the full 72 hour weekend.** Each person registering for a "Walk to Emmaus" must be sponsored by someone who has already attended an Emmaus weekend. This application must be accompanied by a Sponsor's Form.

Candidate's Signature _____ Date _____

Pastor's Signature _____ Date _____

Could you attend the Walk to Emmaus on 1-2 days notice? Yes (___) No (___)

• Office Use Only: Recd _____ Paid _____ By _____ Ck# _____ Sch _____ Cd _____

Llano Estacado Emmaus Community

Sponsor's Form (Revised August 2008)

To be completed by the sponsor and returned with the candidate's application.

Sponsor's Name: _____

Address _____ City _____ St _____ Zip _____

Phone: (H) _____ (W) _____ Email: _____

Name of church that you attend _____

When and where did you attend your Walk? _____

What Emmaus Community are you active in? _____

Are you active in an Emmaus Reunion Group? Yes () No ()

Number of Candidates you have sponsored in the last twelve months _____

** Name of Candidate _____ **

Indicate relation to Candidate (spouse, parent, child, friend, etc...) _____

If the Candidate is married, has the spouse attended a Walk to Emmaus? Yes () No () Applied ()

Why is this person a good Candidate for the Walk to Emmaus weekend? _____

Please indicate any physical or emotional needs that should be known by the Lay Director:

Are you praying for your Candidate and willing to make personal sacrifices to make his/her Walk as meaningful as possible? Yes () No ()

Have you explained the post-Walk events to the Candidate, and are you willing and able to help him/her become involved in the post-Walk events? Yes () No ()

Have you discussed the Walk with the Candidate's spouse? Yes () No () N/A ()

Will you provide transportation to the Walk site for the Candidate? Yes () No ()

Will you attend the Walk events requiring the Sponsor's presence? Yes () No ()

Can you care for the needs of the Candidate's family during the Walk? Yes () No ()

Have you stressed to the Candidate and his/her family the importance of no outside contact during the Walk weekend (except for emergencies)? Yes () No ()

** Mail this form, along with the Candidate's application and \$135 fee to:

Llano Estacado Emmaus Community
Men's or Women's Registrar (*indicate one*)
P.O. Box 744
Slaton TX 79364-0744