

**CENTRAL TEXAS CONFERENCE
WALK TO EMMAUS
APPLICATION TO ATTEND A WALK**



Office Use Only	
Date Received:	_____
Check No.	_____
Amount:	_____
Name:	_____
Pilgrim ID #	_____

THIS SECTION TO BE COMPLETED BY APPLICANT – Please Print Clearly

NOTE: The Board believes that 36 Pilgrims is the optimal number for a Walk. Walks are subject to cancellation if there are not 20 or more Pilgrims assigned to a Walk from applications received in the Emmaus Office four weeks before the date the Walk is scheduled to start. Placement will be made based on the date a properly completed application is received at the Emmaus office. You will be assigned to the first available Walk. If vacancies occur in Walks earlier than the one for which you are scheduled and you want to be considered for rescheduling, how much notice would you need to be rescheduled to an earlier Walk? (Circle only one) 1 week 2 weeks 1 month (Your sponsor must also agree to this time for rescheduling.) If there is a specific Walk for which you want to be on a Wait List, please indicate that Walk Number here _____.

First Name (as you want it on your name tag) _____ Last Name _____
 First Name if different from above _____ Male _____ Female _____
 Mailing Address _____ City _____ State _____ Zip _____
 Home Phone (____) _____ Business Phone (____) _____ E-mail _____
 Birth date _____ Occupation _____
 Name and City of church in which you are currently active _____
 Briefly explain the purpose of the Walk to Emmaus as you understand it _____

 Briefly explain your understanding of the commitment to participate in your church and the Emmaus Community after the Walk _____

Medical Information – MUST BE COMPLETED

The Walk to Emmaus is a long and often intense three-day experience. Do you have any physical conditions that may affect your participation in ALL parts of the Emmaus weekend? **YES** _____ **NO** _____
 Do you require any physical assistance? **YES** _____ **NO** _____
 If you answered "yes" to either question, please explain: _____

 Do you take any medications during the day (other than "at bedtime" or "upon arising") or at specified times daily? **YES** ___ **NO** ___
 Please specify any special dietary needs you would expect us to provide: _____
 Do you have any mobility issues which would require handicap accessible facilities? **YES** _____ **NO** _____

Emergency Contact OTHER THAN SPONSOR

First Name: _____ Last Name: _____ Relationship: _____
 Primary Phone (____) _____ My signature on this form authorizes release of emergency or medical information to Walk team members, this contact, and/or to the sponsor listed on the reverse side, and/or to medical or other emergency personnel who may be treating me.
 Applicant's Signature: _____ Date: _____

You must be sponsored on your Walk by someone who has completed a Walk to Emmaus, Cursillo, Chrysalis, Tres Dias, or similar weekend. Your Sponsor must complete and sign the Sponsor's Section on the reverse side of this form. Your Pastor must also fill out and sign the Pastor's Section on the reverse side of this form.

The fee to attend the Walk to Emmaus is **\$175**. **The non-refundable, non-transferable deposit of \$75 must accompany this application.** The balance of **\$100** is due before the start of the Walk to which you are assigned. Checks should be made payable to **CTC Emmaus**. In the event you must cancel, please notify the Administrator at **(512) 694-6729** or by e-mail at cicemmaus@sbcglobal.net as soon as possible so that you may be rescheduled. Please give this completed form to your sponsor.

PREVIOUS EDITIONS OF THIS FORM CANNOT BE USED

TO BE COMPLETED BY SPONSOR. ALL blanks MUST be completed. Please Print Clearly

Sponsor's First Name _____ Sponsor's Last Name _____

Street Address _____ City _____ State _____ Zip _____

Home Phone (____) _____ Business Phone (____) _____ E-mail Address _____

Where did you make your Walk to Emmaus? _____ When? _____ Walk # _____

Do you have a copy of "On the Road with Christ" and the CTC Sponsorship pamphlet? _____

Why do you feel that this person is a good candidate? _____

Does this candidate have the physical and mental health needed for a Walk to Emmaus? **YES NO**

Is this candidate under any temporary emotional strain that might indicate his/her weekend should be postponed? **YES NO**

If this candidate is married, have you discussed the Walk to Emmaus with this candidate's spouse? **YES NO**

Are you willing to pray and sacrifice for your candidate? _____ Will you bring your candidate to and from the Emmaus site? _____

Sign up for the Prayer Vigil? _____ Attend Sponsor's Hour? _____ Attend Candlelight? _____ Attend Closing? _____

Can you care for the needs of your candidate's spouse and/or family over the weekend? **YES NO**

Are you able and willing to assist this candidate to get into an Emmaus reunion group? **YES NO**

Have you explained to this candidate that outside contact during the Walk is "emergency" only? **YES NO**

Are you aware of the importance of minimal contact with your candidate during the weekend, especially if the candidate is your spouse? **YES NO**

If your candidate has indicated on this application that he/she can be rescheduled to an earlier Walk on short notice, will you be able to fulfill your Sponsor's duties in the time that your Pilgrim has indicated? **YES NO**

Sponsor's signature: _____ Date: _____

TO BE COMPLETED BY APPLICANT'S PASTOR. All blanks must be completed.

The focus of Emmaus is God as known in Jesus Christ and how that finds expression in the local church. The objective of the Walk to Emmaus is to inspire, challenge, and equip local church members for Christian action in their homes, churches, and places of work. Emmaus lifts up a way for our grace-filled life to be lived and shared with others.

In your opinion, is this applicant a candidate for an Emmaus weekend? **YES NO**

Do you feel that this person should attend a Walk to Emmaus at this time? **YES NO**

Church Name _____ Denomination _____

Church Address _____ City _____ State _____ Zip _____

Church Office Phone (____) _____ E-mail Address _____

Pastor's Title and Name _____ Pastor's Signature _____

Have you attended a Walk to Emmaus or similar 3-day weekend? **YES NO**

If so, where did you make your weekend? _____ When? _____ Walk # _____

Are you interested in working an Emmaus weekend? **YES NO**

Completed forms and deposits should be submitted to:

**CTC Emmaus
2541 South IH-35, Suite 200-283
Round Rock, TX 78664-7357**

PREVIOUS EDITIONS OF THIS FORM CANNOT BE USED