

THIS SIDE TO BE COMPLETED BY SPONSOR

Sponsor's Name: _____ Street Address: _____

City: _____ State: _____ Zip: _____ Tel: (____) _____

E-mail Address (Please print clearly): _____
(Will be used for e-mailing announcements of Emmaus of the Cumberland Community Events and Newsletters.)

Workplace: _____ Business Tel: (____) _____

Church and Denomination: _____ Attend Regularly? _____

When, Where and Walk # of your Emmaus Walk: _____

Are you in a Reunion Group or a similar support group? _____ Name of Group: _____

Reunion Group Contact Person: _____ Tel: (____) _____

SPONSOR: Please remember that the Weekend is an intense program of Christian study and spiritual growth, and is not a retreat or a cure-all for persons who may be experiencing temporary problems. Applicants already should be active in the Church and should desire an opportunity to grow in Christ and to enhance their participation in the Church. As you complete these questions, be mindful that the success of your applicant's weekend is enhanced by your personal prayer and dedication, as well as that of the Community.

Have you FULLY explained the Emmaus Program and Weekend to your applicant? _____

Is the spouse also to attend? _____ Has spouse turned in application? _____

If your applicant is married, have you FULLY discussed the Walk with the spouse? _____

Will you assist your applicant in establishing a Reunion Group and/or a similar support group? _____

Will you PRAY and sacrifice for your applicant? _____

Will you bring your applicant to the Weekend Send-Off? _____

Will you attend the Sponsor's Hour, Candlelight, and Closing? _____

Will you bring your applicant to the Fourth Day Meeting and to the first Gathering after the Weekend? _____

Will you arrange for the care of your applicant's family during the Weekend? _____

If your answer to any of the above questions is "NO", will you arrange for a person to fulfill your responsibilities in these areas? _____

To the best of your knowledge, does your applicant have the physical and mental health needed to attend the Walk? _____

Is your applicant under any temporary emotional strain that might indicate their participation should be postponed to a later Walk? _____

Are there any additional circumstances concerning this applicant that the team should be aware of? If so, please explain: _____

Sponsor's Signature: _____



**EMMAUS OF THE CUMBERLANDS
WALK TO EMMAUS
REQUEST FOR RESERVATION
THIS SIDE TO BE COMPLETED BY APPLICANT**

Date: _____

Name: _____ Address: _____

(Preferred Name For Your Nametag)

City: _____ State: _____ Zip: _____ Tel: (____) _____

E-mail Address (Please print clearly): _____

(Will be used for e-mailing announcements of Emmaus of the Cumberland Community Events and Newsletters.)

Occupation: _____ Business Tel: (____) _____

Marital Status: Single - Married - Divorced - Widowed - Separated _____ Male/Female _____ Age: _____

(Circle One)

(Circle One)

T-Shirt Size (Circle One) - S M L XL XXL XXXL

In what church or community organizations are you active? _____

Name of Church you attend: _____ Denomination: _____

Address: _____ City: _____ State: _____ Zip: _____

Pastor's Name: _____ Tel: (____) _____

Pastor's Signature: _____

Has the Walk to Emmaus program and weekend been explained to you? _____

Has the importance of the "Follow-up" program, group reunions and the post-Emmaus Walk Meetings been explained to you? _____

Do you have any health or physical handicap problems that may effect your participation in the Walk to Emmaus? _____

If YES, please describe: _____

Do you need any special equipment (bed)? _____ If so, please describe: _____

Are you on a special diet or medication? _____ If YES, please describe: _____

Please state briefly why you wish to become involved in the Walk to Emmaus Program and what you expect from it: _____

Applicant's Signature: _____

All of the above information is necessary for your proper placement for the weekend Walk to Emmaus. Please fill in ALL blanks so we can properly assist you. We ask for a \$75.00 contribution to partially offset costs of material and meals during the weekend, payable when you arrive at Thursday's sign-in. Mail the application to: Alice Kirby Emmaus of the Cumberland Registrars, 110 County Road Jamestown, TN 38556. Fax 931-879-7414 Phone: 931-879-9323.