



REQUEST FOR RESERVATION

\$100.00 APPLICATION FEE

THIS PAGE TO BE COMPLETED BY APPLICANT

DATE: _____

Name: _____ Address: _____

(Preferred Name for your Nametag) _____

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

E-mail Address (Please print clearly): _____

Occupation: _____ Business Phone: (—) _____ Home Phone: (____) _____

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: _____ Phone: (____) _____

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?

All of the above information is necessary for your placement in the weekend Walk to Emmaus.

Please fill in ALL blanks so we can properly assist you. Thank you.

**** Please note:**

On the next page, by signing and submitting this application you are giving Emmaus of the Cumberland permission for your group picture and personal contact information to be posted on our Emmaus Web Site. You also give us permission to update your personal contact information as needed when we acquire new information.

Do you have any health, hearing loss or physical handicap problems that may affect your participation in the Walk To Emmaus? _____

If YES, please describe: _____

Do you need any special equipment (like a bed)? _____ If so, please explain why (There is limited spacing for regular beds.) _____

Are you on a special diet or medication? _____ if YES, please explain: _____

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

APPLICANT SIGNATURE _____ DATE: _____

THIS SIDE TO BE COMPLETED BY SPONSOR

We ask for a \$100 contribution to partially offset costs of material and meals during the weekend, payable when your applicant arrives at Thursday's sign-in.

Mail or email the application to: Janice Woods Emmaus of the Cumberland Registrars
P O Box 1595, Fairfield Glade, TN 38558
Phone 931-456-5468 Fax: 931-484-6374.
Email: josw@frontier.com

Sponsor's Name: _____

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

E-mail Address (Please print clearly): _____

Workplace: _____ Work Phone: (____) _____ Home/Cell (____) _____

Church and Denomination: _____ Do you attend regularly? _____

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

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

Reunion Group Contact Person: _____

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. Applicant should already 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.

For those who are interested: a form is available for download on our website that lists suggestions for the sponsor in preparing their applicant for the weekend. It also includes a tear off portion to give your applicant with a list of suggested items for them to bring to the weekend. It is only a suggested list to help new sponsors and applicants become more familiar with what might be needed. It is not required that you stick strictly to the list.

*It is important to answer the following questions to the best of your ability and knowledge * Have you FULLY explained the Emmaus Program and Weekend to your applicant? _____

Is the spouse also to attend? _____ Has the spouse turned in an 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 be able to arrange for another 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 an Emmaus Walk?

Is your applicant under any temporary emotional strain that might interfere with their participation in this walk that would indicate that their acceptance 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: _____ Date: _____