

**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? ___ Work Phone (____) ____ - ____

Married ___ Single ___ Divorced ___ Widowed ___

Name of Church _____ Denomination _____

Has Emmaus been explained to you, including Emmaus follow-up? Y ___ N ___

Could you attend on short (2-4 days) notice? Y ___ N ___

Are you on a special diet? Y ___ N ___ If YES, please explain: _____

Are you on any medications? Y ___ N ___ If YES, what are they? _____

Please enclose \$150.00 with this application. This is the full cost to you for the weekend. This is refundable up to (7) seven days before the weekend. Make a check payable to CROSS COUNTRY EMMAUS COMMUNITY. Scholarships are available but should be arranged through your sponsor and local mini-community. Your application cannot be processed before the full registration fee is received. **REGISTER ONLY IF YOU INTEND TO BE PRESENT FOR THE ENTIRE WEEKEND.**

Please have your Pastor sign this form. Applicants should be sponsored by someone who has already attended an Emmaus weekend. You will receive confirmation by mail, as well as a list of the necessary items to bring, when you are placed on a Walk.

Pilgrim's Signature _____

Pastor's Signature _____

Sponsor's Statement: As the sponsor of the above-named candidate, I have fully explained the requirements for the Walk to Emmaus 72-hour weekend. I have further explained the Post-Emmaus activities to the applicant to the best of my ability and what is prudent concerning the program.

Sponsor's Name _____

Mailing Address _____

City _____ St _____ Zip _____

Phone (____) ____ - ____ Home? ___ Cell? ___ Work Phone (____) ____ - ____

Mail this completed form with your check to:

<p>Cassandra Hicks, Registrar P. O. Box 244 Lueders, TX 79533</p> <p>Home: 325.228.4752 Cell: 325.370.0869 Email: solidrock348@aol.com</p>	<p style="text-align: center;"><i>(For use by Registrar CCEC)</i></p> <p>Date Received _____</p> <p>Amount Received _____</p>
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Cross Country Emmaus Community
Walk to Emmaus Request for Reservation
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 (____) ____ - ____

Social Security # ____ - ____ - ____

Name of Nearest Relative/Spouse: _____

Phone (____) ____ - ____ Home? ____ Cell? ____ Work Phone (____) ____ - ____

One Other Person/Relationship: _____

Phone (____) ____ - ____ Home? ____ Cell? ____ Work Phone (____) ____ - ____

Insurance Co. _____

Group/Policy # _____ Ins. Co. Phone (____) ____ - ____

Physician's Name _____ Physician's Phone (____) ____ - ____

City _____ St _____ Zip _____

Please list all allergies, medical problems, physical needs, etc. that we need to know about in case of an emergency. Also include any diet needs (the camp will try to accommodate these, but you may want to bring some extra food). (Use a separate sheet of paper, if necessary)
Please use next page to list all prescription medications and related information.

In the event of an emergency, and if my nearest relative/spouse cannot be reached by telephone, the **Cross Country Emmaus Community** STAFF/REPRESENTATIVE has my permission to obtain services and treatment by licensed medical professionals to provide the care deemed necessary, including anesthesia, for my wellbeing.

Pilgrim Signature: _____ 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 _____

Denomination _____ Do you attend regularly? Y___ N___

Where did you go on a Walk? _____ When? ___/___/___ 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 *after 6:00 pm and before 7:00pm*? 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: _____ Date: ___/___/___