

**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 \$175.00 (\$200.00 After 01/01/2022) 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><b>Christa Loftis, Registrar</b>  <b>PO Box 383</b>  <b>Graham, Tx 76450</b>  <b>loftischrista@sbcglobal.net</b></p>	<p style="text-align: center;"><i>(For use by Registrar CCEC)</i></p> <p><b>Date Received</b> _____</p> <p><b>Amount Received</b> _____</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 (\_\_\_\_) \_\_\_\_ - \_\_\_\_

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)

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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: \_\_\_/\_\_\_/\_\_\_

