

**Cross Country Emmaus Community  
Walk to Emmaus Request for Reservation**

Desired Walk # (if any preference):(1)\_\_\_\_\_ (2)\_\_\_\_\_ (3)\_\_\_\_\_

Name \_\_\_\_\_ Sex \_\_\_\_\_ Birth Date (MO/DAY/YR)\_\_\_\_\_

Preferred "NAME TAG" Name if different: \_\_\_\_\_

Address\_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_)\_\_\_\_\_

Married \_\_\_\_\_ Single \_\_\_\_\_ Divorced\_\_\_\_\_ Widowed \_\_\_\_\_

Name/Denomination of Church now attending \_\_\_\_\_

Has Emmaus been explained to you, including Emmaus follow-up? \_\_\_\_\_

Are you on a special diet? \_\_\_\_\_ If YES, please explain:

Are you on any medications? \_\_\_\_\_If YES, What are they?

Could you attend on short (2-4 days) notice? \_\_\_\_\_

Please enclose \$135.00 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** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_)\_\_\_\_\_

Mail this completed form with your check to:

**Suzie Wilson, Registrar**  
909 West Edwards  
Olney, Texas 76374 (940)564-2607

(For use by Registrar CCEC)  
Date Received \_\_\_\_\_  
Amount Received \_\_\_\_\_

**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, type or print legibly, sign and have this page notarized.

**Name** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Sex \_\_\_\_\_ Birth date (MO/DAY/YR) \_\_\_\_\_

Social Security # \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

**Name of Nearest Relative/Spouse:** \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

**One Other Person/Relationship:** \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Insurance Co. \_\_\_\_\_

Group/Policy # \_\_\_\_\_ Ins. Co. Phone (\_\_\_\_) \_\_\_\_\_

Physician's Name \_\_\_\_\_ 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). \_\_\_\_\_

\_\_\_\_\_

In the event of an emergency, and if my nearest relative/spouse cannot be reached by telephone, the CROSS COUNTRY EMMAUS STAFF/REPRESENTATIVE has my permission to obtain services and treatment by licensed medical professionals to provide the care deemed necessary, including anesthesia, for my well being.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

STATE OF TEXAS COUNTY OF \_\_\_\_\_ BEFORE ME, the undersigned authority, on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared \_\_\_\_\_, known to me to be the person whose name is subscribed to the foregoing instrument and in my presence, affixed the same or having been duly sworn, states under oath that the signature was affixed by him/her, for the purposes stated herein.

\_\_\_\_\_  
NOTARY PUBLIC

SEAL

**Cross Country Emmaus Community  
Walk to Emmaus Request for Reservation  
To Be Filled Out By Sponsor**

Sponsor Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Name and Denomination of Church now attending  
\_\_\_\_\_

Do you attend regularly? \_\_\_\_\_

Where did you go on a Walk? \_\_\_\_\_ When? \_\_\_\_\_ Walk#? \_\_\_\_\_

Are you in a Reunion Group? \_\_\_\_\_ How many Pilgrims have you sponsored in the last year? \_\_\_\_\_ How long have you known the candidate? \_\_\_\_\_ Do you receive the CCEC Newsletter? \_\_\_\_\_ Does the candidate have the physical and mental health needed for a Walk to Emmaus? \_\_\_\_\_ Why do you feel this person would be a good candidate?  
\_\_\_\_\_  
\_\_\_\_\_

Is the candidate under any temporary emotional strain that might indicate his/her weekend should be postponed? \_\_\_\_\_ Are you willing and able to assist the candidate to get into a Reunion Group? \_\_\_\_\_ If the candidate is married, have you discussed the Walk to Emmaus with their spouse? \_\_\_\_\_

It is extremely important that you, as the Sponsor, attend all of the activities of the Walk weekend.

**As the Sponsor, will you;** Bring the candidate to the Emmaus site? \_\_\_\_\_ Attend Candlelight? \_\_\_\_\_ Attend Sponsor's Hour? \_\_\_\_\_ Attend the Closing Ceremonies? \_\_\_\_\_ Care for the needs of your candidate's spouse/family over the weekend? \_\_\_\_\_

Are you aware of the importance of minimal contact with your candidate during the weekend, especially if the candidate is your spouse? \_\_\_\_\_

**Other duties and responsibilities of being a Sponsor:** Sponsor only qualified candidates - Christians, active in a local Church. Sign up for 72 Hour Prayer Calendar, secure Agape Letters from Candidate's friends and family! Have your Pilgrim at the Emmaus site no later than 7:00 PM. Provide Agape items for the Walk weekend.

**Sponsor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_