



CROSS COUNTRY CHRISTIAN COMMUNITY WALK WEEKEND RESERVATION REQUEST

PILGRIM INFORMATION

Desired Walk Number (1) _____ (2) _____ (3) _____

Name _____ M _____ F _____ DOB _____ / _____ / _____

Preferred "NAME TAG" Name if different: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

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

Email Address: _____ Married _____ Single _____ Divorced _____ Widowed _____

Name of Church: _____ Denomination: _____

Has the Walk been explained to you, including Walks follow-up? Yes _____ No _____

Could you attend on short (2 to 4 days) notice? Yes _____ No _____

Are you on a special diet? Yes _____ No _____ If YES, please explain: _____

Are you on any medications? Yes _____ No _____ If YES, please explain: _____

Please include \$240.00 (Cash/Check/Money Order) with this application.

Make checks/money orders payable to: **CROSS COUNTRY CHRISTIAN 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.

Scholarships may be available but should be arranged through your sponsor or local mini-community.

Please have your Pastor sign this form. Applicants should be sponsored by someone who has already attended a Walk 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: _____ SIGN HERE

Pastor's Signature: _____ SIGN HERE

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

Sponsor's Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

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

Mail this completed form with your check to:

PLEASE NOTE: WE NOW HAVE TWO REGISTRARS

WOMEN'S / GIRLS REGISTRAR:
CINDY PARKER
(254) 212-9044
womenswalkcparker@gmail.com
P.O. BOX 53
WOODSON, TX 76491

MEN'S / BOYS REGISTRAR:
MARY BETH JORDAN
(940) 456-1294
mbethjemmaus@gmail.com
156 THOMPSON
NEWCASTLE, TX 76372

(For use by 4C Community Registrar)

Date Received: _____

Amount Received: _____



CROSS COUNTRY CHRISTIAN COMMUNITY

WALK WEEKEND RESERVATION REQUEST

MEDICAL RELEASE INFORMATION

The ***Cross Country Christian 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: _____ State: _____ 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: _____ State: _____ Zip: _____

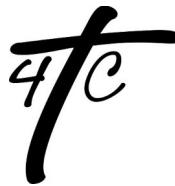
Please list all allergies, medical problems, physical needs, etc. that we need to know about in case of an emergency. Also include any diet needs (the camp will try to accommodate these, but you may want to bring some extra food). (Use a separate sheet of paper, if necessary):

In the event of an emergency, and if my nearest relative / spouse cannot be reached by telephone, the Cross Country Christian 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 well-being.

Pilgrim Signature:

SIGN HERE

Date: _____ / _____ / _____



CROSS COUNTRY CHRISTIAN COMMUNITY WALK WEEKEND RESERVATION REQUEST

SPONSOR PAGE (TO BE FILLED OUT BY SPONSOR)

Sponsor's Name _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

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

Sponsor's Email Address: _____

Name of Church now attending: _____

Denomination: _____ Do you attend regularly? Yes ____ No ____

Where did you go on a Walk? _____ When? ____ / ____ / ____ Walk#: _____

Are you in a Reunion Group? Yes ____ No ____

How many Pilgrims have you sponsored in the last year? _____

How long have you known the candidate? _____

Is this person a Christian? Yes ____ No ____

Is this person active in a local Church? Yes ____ No ____

Does the candidate have the physical and mental health needed for a Walk Weekend? Yes ____ No ____

Is the candidate under any temporary emotional strain that might indicate his/her weekend should be postponed? Yes ____ No ____

If the candidate is married, have you discussed the Walk with their spouse? Yes ____ No ____

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? Yes ____ No ____

Bring the candidate to the Walk site after 6:00 pm and before 7:00pm? Yes ____ No ____

Secure Agape Letters from Candidate's friends and family? Yes ____ No ____

Attend Sponsor's Hour? Yes ____ No ____

Attend Candlelight? Yes ____ No ____

Attend the Closing Ceremonies? Yes ____ No ____

Provide Agape items for the Walk weekend? Yes ____ No ____

Care for the needs of your candidate's spouse/family over the weekend? Yes ____ No ____

Are you aware of the importance of minimal contact with your candidate during the weekend, especially if the candidate is your spouse? Yes ____ No ____

Are you willing and able to assist the candidate to get into a Reunion Group? Yes ____ No ____

Sponsor's Signature: _____

SIGN HERE

Date: ____ / ____ / ____



CROSS COUNTRY CHRISTIAN COMMUNITY

WALK WEEKEND RESERVATION REQUEST

PREScription MEDICATION INFORMATION

Please list all medications and all relevant information below:

Are there any other needs we should know about that haven't been already listed?