

CHESAPEAKE WALK TO EMMAUS

REQUEST FOR RESERVATION

DEAR CANDIDATE:

We are pleased, that the Lord has led you to apply to attend a weekend "*Walk to Emmaus*". You may still have many questions, and you should discuss these with your sponsor. The candidates' portion of this form needs to be completed and returned to your sponsor, who will complete their portion and forward the completed document to the Registrar. Please remember that applications are prayerfully considered in the order they are received, so please submit your application as far in advance of the weekend as possible. If you are invited to attend the weekend, you will receive a written confirmation. A waiting lists often occurs and if the first weekend you apply for is full, then you will be given priority on a subsequent weekend. If you are married, we strongly encourage your spouse to make an equal commitment to go on a *Walk*. This will allow you to share this experience together and grow in your faith as one in the Lord. Additionally you will need to discuss the financial responsibility for the weekend with your sponsor. Fees are payable prior to the weekend, after you accept the invitation to attend the weekend.

TO BE COMPLETED BY CANDIDATE:

_____			APPLICATION DATE
FIRST NAME	NICK NAME	LAST NAME	HOME TELEPHONE
_____			E-MAIL ADDRESS
HOME ADDRESS - STREET / BOX / APT.			_____
_____			DATE OF BIRTH / AGE
HOME ADDRESS - CITY, STATE, ZIP CODE			_____
EMPLOYER / BUSINESS NAME			OCCUPATION
_____			_____
BUSINESS ADDRESS			BUSINESS TELEPHONE
_____			_____
CHURCH NAME (INCLUDE DENOMINATION)		City, State	PASTOR

Spouse (if any) _____

MARITAL STATUS	FIRST NAME	INT.	LAST NAME
----------------	------------	------	-----------

Has Your Spouse or Child Attended a Weekend? Y / N if Yes, Name: _____
When? Month _____ \ Year _____

Has Your Spouse Submitted an Application ? Y / N

Special Considerations - (if yes, please provide additional information below and also advise your sponsor)

Are You on a Special Diet? Y / N Are You on Special Medications? Y / N

Do You Have Any Limitations That May Require Special Preparations? Y / N

Have You Read the Emmaus Brochure? Y / N

Please State Briefly Why You Wish to Attend An Emmaus Weekend and What You Expect From It?

SIGNATURE OF CANDIDATE

TO BE COMPLETED BY THE SPONSOR(S):

The sponsor(s) are responsible for many aspects of a successful weekend for the candidate. You are to pray for and be in prayer with your candidate, answer their questions, arrange for payment of weekend expenses (\$220), provide transportation to and from the weekend, and help the candidate become a full participant in the Emmaus community. Please help your candidate understand the importance of the weekend and being involved in their church and Emmaus community activities after the weekend. Reminder to potential sponsors, if you are sponsoring a candidate within 1 year of your own candidate weekend, or if you have not attended a sponsor workshop in the last 2 years then it is necessary to have a co-sponsor. Any questions should be referred to the Registrars.

SPONSOR(S) INFORMATION:

Month _____ \ Year _____
DATE OF SPONSOR TRAINING

FIRST NAME (IF COUPLE PUT BOTH NAMES) LAST NAME

Month _____ \ Year _____
DATE OF YOUR WALK(S)

HOME ADDRESS - STREET / BOX / APT.

E-MAIL ADDRESS

HOME ADDRESS - CITY, STATE, ZIP CODE

HOME TELEPHONE

CHURCH NAME (INCLUDE DENOMINATION) City, State

BUSINESS TELEPHONE

Accountability Groups? Reunion Group Y / N Attending Bible Study Y / N Prayer Breakfasts Y / N, Other Group Y / N

How Long Have You Known The Candidate? _____

Explain Why You Believe This Person Is A Good Candidate For A Walk?

TO ALL SPONSORS & CO-SPONSORS - Have You Reviewed the Ten Steps of Sponsoring? Y / N -Co-Sponsor(s) Y / N

Does the candidate have the physical, mental and emotional health for a walk? Y / N

Have you made financial arrangement to cover the costs of the candidates weekend? Y / N

SIGNATURE OF SPONSOR

SIGNATURE OF CO-SPONSOR

TO BE COMPLETED BY THE CO - SPONSOR(S):

Month _____ \ Year _____
DATE OF SPONSOR TRAINING

FIRST NAME (IF COUPLE PUT BOTH NAMES) LAST NAME

Month _____ \ Year _____
DATE OF YOUR WALK(S)

HOME ADDRESS - CITY, STATE, ZIP CODE

E-MAIL ADDRESS

HOME TELEPHONE BUSINESS TELEPHONE

CHURCH

Accountability Groups? Reunion Group Y / N Attending Bible Study Y / N Prayer Breakfasts Y / N, Other Group Y / N

How Long Have You Known The Candidate? _____

SEND COMPLETED APPLICATIONS TO:

Cheryl Passwaters
220 Veterans Cir.
Milford, DE 19963

ANY QUESTIONS PLEASE CALL:

302-422-3067
E-Mail: cpasswaters44@hotmail.com

FOR REGISTRAR'S USE ONLY

DATE: RECEIVED / INVITATION SENT / CONFIRMED / ATTENDED

MONEY RECEIVED? AMOUNT CHECK# DATE: RECEIVED