

# JACKSON AREA EMMAUS COMMUNITY

## WALK REGISTRATION FORM

(PLEASE PRINT-PILGRIMS fill in this side only)

Office Use Only:
Date Received: _____
Date Walk: _____
Sig. Check _____
Chk. Amt./No. _____

Name: \_\_\_\_\_ Sex: (M/F) \_\_\_\_\_  
(LAST) (FIRST)

Preferred FIRST NAME on BUTTON: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

No. of Children: \_\_\_\_\_

Mailing Address \_\_\_\_\_  
(Number and Street) (Apt #) (City) (State) (Zip Code)

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Married; \_\_\_\_\_ Single; \_\_\_\_\_ Widowed; \_\_\_\_\_ Divorced; \_\_\_\_\_ Separated

SPOUSES NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Church \_\_\_\_\_  
(Church you attend) (Denomination)

Church Address: \_\_\_\_\_

Pastor's Name: \_\_\_\_\_

Church / Community positions held: \_\_\_\_\_

Briefly state why YOU wish to be involved in the Emmaus Community and What you expect to gain from your involvement: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ Phone: \_\_\_\_\_

Has your spouse attended a walk? \_\_\_\_\_ If not, is he/she registered for a Walk? \_\_\_\_\_

Has the Walk to Emmaus been explained to you? \_\_\_\_\_

Do you agree to make this 72 hour commitment? \_\_\_\_\_

Have you been informed of the follow up program of Emmaus groups/gatherings? \_\_\_\_\_

RESTRICTIONS /SPECIAL NEEDS: Anything that may require attention on a walk

**PLEASE DO NOT LEAVE BLANK, IF NONE...PLEASE WRITE NONE!**

Do you have any Food Allergies? \_\_\_\_\_ Dairy? \_\_\_\_\_

Are you Diabetic? \_\_\_\_\_ Gluten Free? \_\_\_\_\_

Do you use a C PAP machine? \_\_\_\_\_

Do you need a Cot? \_\_\_\_\_

Medications that you are currently taking: \_\_\_\_\_

Medical Conditions that you have? \_\_\_\_\_

Your cost for the Emmaus Weekend is \$100.00. A non-refundable pre-registration deposit of \$40.00 is required when you turn in your application. Any remaining balance is due at the time of the walk-Thursday Evening at 6:00 PM Registration.

You can make checks out to: Jackson Area Emmaus Community.

Please return this form to your sponsor ASAP in order to get your application processed.

Your Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

You will be notified of your acceptance and date of your Walk six weeks prior to the Walk.

**PLEASE EAT DINNER BEFORE ARRIVING THURSDAY EVENING OF THE WALK!!**

Sponsor's Signature: \_\_\_\_\_ Sponsor's Phone No. \_\_\_\_\_

**SPONSOR: (Please fill out this side COMPLETELY--PLEASE PRINT.)**

Name: \_\_\_\_\_  
(LAST) (FIRST)

Mailing Address: \_\_\_\_\_  
(Number and Street) (Apt. #) (City) (State) (Zip Code)

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Church you Attend: \_\_\_\_\_ Pastor's Name: \_\_\_\_\_

Church Address: \_\_\_\_\_ Denomination: \_\_\_\_\_

Where did you take your Walk to Emmaus? \_\_\_\_\_ When?: \_\_\_\_\_

**HAVE YOU COMPLETED SPONSORSHIP TRAINING?** \_\_\_\_\_

Are you part of a 4th Day group?: \_\_\_\_\_

How many pilgrims have you sponsored in the last year? \_\_\_\_\_

How long have you known your Pilgrim?: \_\_\_\_\_

Are you praying for him/her? \_\_\_\_\_

**Pilgrims should be emotionally stable and not undergoing an emotional crisis.**

Does your candidate have the physical and mental health needed for an Emmaus Weekend?

\_\_\_\_\_  
If your Pilgrim is married, **have you discussed the weekend with their spouse?** \_\_\_\_\_

Have you **stressed the importance of committing (72 hours)**--noting that **the Pilgrim will not be permitted to leave or make phone calls except in the case of an emergency?** \_\_\_\_\_

Have you **explained the follow up program of Emmaus Groups/Gatherings?** \_\_\_\_\_

Have you stressed the importance of **eating dinner before you arrive Thursday evening?** \_\_\_\_\_

**Can you care for your Pilgrim's needs, and also for the needs of your Pilgrim's family while they are away for the 72 hours?** \_\_\_\_\_

**SPONSORS:**

Will YOU **bring your Pilgrim to the Walk site Thursday evening at 6:00 PM?** \_\_\_\_\_

Will YOU **attend Sponsor's Hour to pray for your Pilgrim?** \_\_\_\_\_

Will YOU **attend Candlelight Saturday Night?** \_\_\_\_\_

Will YOU **attend Closing Ceremony Sunday at 4:00 PM?** \_\_\_\_\_

Will YOU **assist your Pilgrim in joining a 4th day Emmaus Group after the weekend Walk?** \_\_\_\_\_

Will YOU **bring 2- beverages and a snack for the weekend?**

Why do YOU feel this person would make a good candidate? \_\_\_\_\_

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

Name of Pilgrim: \_\_\_\_\_ Walk Date: \_\_\_\_\_

**Mail this form and the \$40.00 registration fee to:**

Chuck Tuckey

Phone: 734-834-5293

6360 Todd's LN Dexter, Michigan 48130

**Registration cut off date is 4 weeks before the walk weekend. NO EXCEPTIONS!!!!**