

JACKSON AREA EMMAUS COMMUNITY Office Use Only:
(For the development of Christian Leaders) Date Received _____
Reservation Form Date Walk _____
(Please Print-Applicants fill in this side only) Sig. Check _____
Chk. amt./No. _____

Name: _____ Sex: (M/F) ___ date of birth _____
(Last) (First)

Preferred First Name on Tag: _____ Number of Children: _____

Mailing Address: _____ - _____
(Number and Street) (Apt #) (City) (State) (Zip code)

Daytime Phone: (____)____-____ Evening Phone: (____)____-____

Cell Phone: (____)____-____ E-mail: _____

Marital Status: ___ Married; ___ Single; ___ Widowed; ___ Divorced; ___ Separated

Occupation: _____ Employer: _____

Church: _____
(The Church you attend) (In what city) (zip code) (Denomination)

Church Address: _____ Pastor's Name: _____

Restrictions or special needs that may require attention on the walk: (diabetic, power for CPAP unit, storage of medications, food allergies, special sleeping needs, etc.)
Please explain: **(DO NOT LEAVE BLANK – IF NONE, WRITE “NONE”)**

Church/Community positions held: _____

Has 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 uninterrupted (72 hour) commitment? _____

Have you been informed of the follow-up program of Emmaus groups/gatherings? _____

Briefly state Why you wish to be involved in the Emmaus Community and What you expect to gain from this involvement? _____

In Case of an Emergency Contact: _____ Phone: (____)____-____

Your cost for the Emmaus weekend is **\$90**. A non-refundable pre-registration deposit of **\$30** is required. Any remaining balance is due at the time of the walk.

Make Checks payable to: **Jackson Area Emmaus Community**.
Please return this form ASAP to your sponsor.

Your Signature: _____ Date Signed: _____

You will be notified of your acceptance and date of your Walk six weeks prior to 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 a 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? _____

Why do you feel this person would make a good candidate? _____

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 pilgrims 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? _____

Will you assist your pilgrim in joining an Emmaus group? _____

Will you bring your pilgrim to the Walk site? _____

Will you attend Candlelight? _____ Closing Ceremony? _____

Can you care for the needs of your pilgrim's family over the weekend? _____

Sponsor's Signature: _____ Date Signed: _____

Name of your Pilgrim: _____ **Date of Walk:** _____

Mail this form and the **\$30** deposit to:
Jean Herrick, 12641 W Michigan Ave, Parma, MI. 49269
Phone: (517) 262-3333 E-Mail: goldberry@herrickmi.us

Registration cutoff date is
2 weeks before the walk.
NO EXECPTIONS!!!