

JACKSON AREA EMMAUS COMMUNITY

WALK REGISTRATION FORM

(PLEASE PRINT-PILGRIMS fill in this side only)

Office Use Only:
Date Received: _____
Date Walk: _____
Chk. Amt./No. _____
T-SHIRT SIZE _____

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 & Schedule: _____

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 6:15 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!!

T-SHIRT SIZE _____

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:

Kim Miller

Phone: 517-581-8096 Email: cevinscollision@comcast.net

4520 Wolf Lake Rd. Grass Lake, MI 49240

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

Revised January 2021
