

The purpose of the Walk to Emmaus is to inspire, challenge, and equip local church members for Christian action in their homes, churches, communities and places of work.

Walk to Emmaus
For the Development of
Christian Leaders
Request for Reservation



Heart of Carolina Emmaus

To be filled out by the candidate:

PLEASE PRINT OR TYPE

Name: _____ Phone Number: (_____) _____ - _____

Mailing Address: _____ City: _____

State: _____ Zip Code: _____ Email address: _____

Name you want on your name badge: _____

Name/ Denomination of Church: _____ Pastor: _____

Your DOB: _____ Male Female Number of Children: _____

You are now: Married Single Divorced Widowed Separated

If married, name of spouse: _____ Your present occupation: _____

In what religious or community organizations are you active?

Yes No Has the Walk to Emmaus been explained to you including follow-up and reunion groups?

Indicate any dietary needs: _____

(We cannot accommodate weight loss diets due to dining facility restrictions.)

Yes No Do you take any medications that need to be administered at specific times during the day other than at breakfast and/or bedtime? If yes, provide details: _____

Yes No Do you have a health problem or physical issue that may affect your participation in the Walk to Emmaus? If yes, explain: _____

Yes No Do you use a sleep apnea or similar machine?

List any and all known allergies:

Give name, address, phone number of nearest relative **NOT** living with you other than sponsor:

Name: _____ Relationship: _____

Address: _____

Phone Number: _____

Signature of Candidate: _____

Please fill in all blanks and enclose a pre-registration deposit of \$50.00. The cost of the weekend is \$275. The balance of \$225 will be due at send-off. Scholarships are available upon request, through your sponsor. Deposits are refundable. Make checks payable to Heart of Carolina Emmaus. Thank you!

Please return the completed application to your sponsor.



Heart of Carolina Emmaus

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To be filled out by the sponsor:

MAIL TO:
Heart of Carolina Emmaus
C/O Marvin & Pat Morris
369 Caraline Ln
Semora, NC 27343

PLEASE PRINT LEGIBLY OR TYPE

Application Date: _____

Sponsor Name: _____ Phone Number: () - _____

Address: _____ City: _____

State: _____ Zip Code: _____ Email address: _____

Name and Denomination of Church you attend: _____

Where did you make your Cursillo/Emmaus Walk? _____ When? _____

Cursillo/Emmaus #: _____ Name of your reunion group: _____

Have you completed the in-person Heart of Carolina sponsorship training? If not, please arrange to complete this required training. If you've completed the in-person training, please visit http://www.carolinaemmaus.org/sponsorship-training to renew your training with the online presentation.

If the candidate is married, have you discussed Emmaus with his/her spouse?

Has the candidate's spouse agreed to go on an Emmaus Walk? If yes, please send application as soon as possible.

Will you care for the needs of your candidate's spouse and family over the weekend?

Will you help the candidate get into a reunion group?

Are you able to bring your candidate to the sendoff by 7pm at the start of the weekend? If not, list who will bring the candidate and their contact number.

Will you attend: Sponsor's Hour? Candlelight? Closing?

Have you explained the format of the Walk to this pilgrim?

Is the candidate physically and emotionally able to participate in group activities on the walk?

Will you accompany the candidate to the follow-up meeting and gathering?

Please list any specific dietary or physical restrictions that may affect your pilgrim's Emmaus weekend experience.

Note: Full disclosure is necessary so adequate accommodations can be provided No restrictions List restrictions below:

Does this candidate need financial assistance? If Yes, what amount?

Is there any additional pertinent information you could provide that could affect the pilgrim's walk? Use back of page to respond.

This application is valid for the next available Walk unless otherwise noted. If Walk is full, applicant will be put on a waiting list for the next available Walk. The application is valid for one calendar year.

PREFERRED WALK NUMBER:

PILGRIM'S NAME (Please print):

SPONSOR'S NAME (Please print):

SPONSOR'S SIGNATURE: