

BIG COUNTRY EMMAUS COMMUNITY APPLICATION

PRINT LEGIBLY or Type ALL INFORMATION on this application and return it to your sponsor. Register ONLY if you intend to be present for the entire weekend. This form, your completed sponsor form, and FULL payment should be mailed to the Registrar's office listed on the other side. Incomplete applications will be returned for completion. Sponsors should have already been on a Walk to Emmaus, Chrysalis or Cursillo.

Walk requested: ___ Men's ___ Women's Emmaus Walk
Date of 1st Choice _____ Walk # _____ Date of 2nd Choice _____ Walk # _____
Please place me in the next available Walk _____ Can you attend on short notice of 3-4 days Yes ___ No ___
Has the Emmaus Walk been explained to you, including the post-Emmaus follow-up? _____

Last Name _____ First Name _____ Nametag Name _____

Address _____ City _____ State _____ Zip _____

Home Phone (____) _____ Business phone (____) _____

E-Mail Address _____ Birthdate _____

Present Occupation _____ Church Membership _____

- Male - Female - Married - Single - Divorced - Widow(er) - Children - # _____

EMERGENCY CONTACT – Someone to contact in case of emergency and/or will know how to contact you at all times prior to your Walk.

Name and Relationship _____ Phone # _____

HEALTH RELEASE FORM FOR APPLICANTS OF EMMAUS WALKS

In the event of an emergency, and my emergency contact cannot be reached by telephone, the Emmaus staff has my permission to gain the services of licensed medical professionals to provide the care deemed necessary, including anesthesia, for my well being, the cost for which I shall be responsible.

Signature _____ Phone _____

Name of insurance company and policy # _____

APPLICANT - Please list all allergies, medications being taken, medical problems, special diets, physical handicaps, or other pertinent information that may affect your attendance and well being at this event or any special accommodations required.

Applicant's Signature _____ Applicant's Pastor's Signature _____

Sponsor's Signature _____ PRINT Sponsor's Name _____

Sponsor's Address _____ City _____ State _____ Zip _____

Sponsor's Home Phone (____) _____ Business Phone (____) _____

Sponsor's Cell Phone (____) _____ Sponsor's E-Mail Address _____

IF PRIMARY SPONSOR IS UNDER 21, AN ADULT CO-SPONSOR (21 years of age or older) MUST SIGN BELOW:

Co-Sponsor's Signature _____ Address _____ Phone _____

OFFICE USE ONLY:
Confirmed on Walk # _____ Date _____
Waiting List Walk # _____ Date _____
Amt. Recd. _____ Check # _____ By _____
Schol. Amt. _____ Appl. date _____ Letter mailed _____

Big Country Emmaus, Community Sponsor's Form

To be filled out COMPLETELY by Sponsor

Sponsoring a candidate is both a joy and a responsibility. There are things you must do for your candidate before, during, and after the weekend. Remember also that the Walk to Emmaus/Chrysalis Flight is not structured to solve deep-seated personal problems. It is designed to strengthen the attendees personal relationship with Jesus Christ.

Candidate's Name _____

Sponsor's Name _____

Name and denomination of your church membership _____

What Community sponsored your Walk? _____ What Walk #? _____

When did you attend your Walk? _____ Where? _____

When and where does your Reunion Group meet? _____

Will you as the Sponsor:

Pray for the candidate and sign up for the prayer vigil?	Yes / No
Care for your pilgrim's family over the weekend?	Yes / No
Bring or make arrangements to bring your candidate to the Walk?	Yes / No
Attend Sponsor's Hour, Candlelight, and Closing?	Yes / No
Help your candidate get into a reunion group?	Yes / No
Explain the monthly community gathering to your candidate?	Yes / No
Accompany your candidate to the community gathering?	Yes / No
Discuss Emmaus with his/her spouse (if applicable)?	Yes / No
Bring Agape, including food and drinks, for the weekend?	Yes I No

CONFIDENTIAL INFORMATION FOR THE LAY DIRECTOR/SPIRITUAL DIRECTOR ABOUT THE CANDIDATE:

In your opinion, does the candidate have the physical and mental health needed for a Walk weekend? _____

Why did you sponsor this person for a Walk? _____

Describe your candidate's spiritual needs during his/her Walk: _____

Please describe your candidate's personality, spiritual growth, & specific physical needs to assist in seating & room assignments, etc.: _____

Name any known family or friends on this same Walk _____

Sponsor Signature _____ Date _____

SPONSOR – INCOMPLETE APPLICATIONS WILL BE RETURNED. Full payment must accompany application. Also, post dated checks will not be accepted. Please mark on the outside of the envelope “Men’s”, “Women’s” or Chrysalis” and mail to:

**Emmaus Registrar's Office
P.O. Box 5080
Abilene, TX 79608-5080**