CENTRAL TEXAS CONFERENCE
WALK TO EMMAUS
APPLICATION TO ATTEND A WALK

Office Use Only
Date Received:_____
Check No. _____
Amount: _____
Name:_____
Pilgrim ID # _____

THIS SECTION TO BE COMPLETED BY APPLICANT – Please Print Clearly

Placement will be made based on the date a properly completed application is received at the Emmaus office. Unless you request a specific Walk you will be placed on the next available Walk. If a Walk is full when an application requesting that Walk is received, you will be assigned to the first available Walk and placed on a Wait List for the requested Walk. If vacancies occur on the Walk requested, you will be contacted to determine if you still want to be on the requested Walk. **If there is a specific Walk for which you want to be scheduled, please indicate that Walk Number here_____.**

First Name (as you want it on your name tag)_____ Last Name_____

First Name if different from above _____ Male _____ Female_____

Mailing Address _____ City_____State _____ Zip_____

Home Phone (____) _____ Business Phone (____) _____ E-mail _____

Birth date _____ Occupation _____

Name and City of church in which you are currently active _____

Briefly explain the purpose of the Walk to Emmaus as you understand it _____

_____

_____

Briefly explain your understanding of the commitment to participate in your church and the Emmaus Community after the Walk _____

_____

I give the CTC Emmaus Community permission to release my information for Emmaus updates **YES** _____ **NO** _____

Medical Information – MUST BE COMPLETED

The Walk to Emmaus is a long and often intense three-day experience. Do you have any physical conditions that may affect your participation in ALL parts of the Emmaus weekend? **YES** _____ **NO** _____

Do you require any physical assistance? **YES** _____ **NO** _____

If you answered "yes" to either question, please explain: _____

_____

Do you take any medications during the day (other than "at bedtime" or "upon arising") or at specified times daily? **YES** ___ **NO** ____

Please specify any special dietary needs you would expect us to provide: _____

Do you have any mobility issues which would require handicap accessible facilities? **YES** _____ **NO** _____

Emergency Contact OTHER THAN SPONSOR

First Name: _____ Last Name: _____ Relationship: _____

Primary Phone (____) _____ My signature on this form authorizes release of emergency or medical information to Walk team members, this contact, and/or to the sponsor listed on the reverse side, and/or to medical or other emergency personnel who may be treating me.

Applicant's Signature: _____Date: _____

You must be sponsored on your Walk by someone who has completed a Walk to Emmaus, Cursillo, Chrysalis, Tres Dias, or similar weekend. Your Sponsor must complete and sign the Sponsor's Section on the reverse side of this form. Your Pastor must also fill out and sign the Pastor's Section on the reverse side of this form.

The fee to attend the Walk to Emmaus is **$225**. **The non-refundable, non-transferable deposit of $75 must accompany this application.** The balance of **$150** is due before the start of the Walk to which you are assigned. Checks should be made payable to **CTC Emmaus**. In the event you must cancel, please notify the Pilgrim Registrar by e-mail at ctcemmaus@yahoo.com as soon as possible so that you may be rescheduled. Please give this completed form to your sponsor.

PREVIOUS EDITIONS OF THIS FORM CANNOT BE USED

TO BE COMPLETED BY SPONSOR. ALL blanks MUST be completed. Please Print Clearly

Sponsor's First Name _____ Sponsor's Last Name_____

Street Address_____ City_____State _____ Zip_____

Home Phone (____) _____ Business Phone (____) _____E-mail Address _____

Where did you make your Walk to Emmaus? _____ When? _____Walk # _____

Do you have a copy of "On the Road with Christ" and the CTC Sponsorship pamphlet? _____

Why do you feel that this person is a good candidate? _____

_____

Does this candidate have the physical and mental health needed for a Walk to Emmaus? **YES** **NO**

Is this candidate under any temporary emotional strain that might indicate his/her weekend should be postponed? **YES** **NO**

If this candidate is married, have you discussed the Walk to Emmaus with this candidate's spouse? **YES** **NO**

Are you willing to pray and sacrifice for your candidate?_____ Will you bring your candidate to and from the Emmaus site? _____

Sign up for the Prayer Vigil? _____ Attend Sponsor's Hour? _____ Attend Candlelight? _____ Attend Closing? _____

Can you care for the needs of your candidate's spouse and/or family over the weekend? **YES** **NO**

Are you able and willing to assist this candidate to get into an Emmaus reunion group? **YES** **NO**

Have you explained to this candidate that outside contact during the Walk is "emergency" only? **YES** **NO**

Are you aware of the importance of minimal contact with your candidate during the weekend, especially if the candidate is your spouse? **YES** **NO**

If your candidate has indicated on this application that he/she can be rescheduled to an earlier Walk on short notice, will you be able to fulfill your Sponsor's duties in the time that your Pilgrim has indicated? **YES** **NO**

Sponsor's signature: _____ Date: _____

TO BE COMPLETED BY APPLICANT'S PASTOR. All blanks must be completed.

The focus of Emmaus is God as known in Jesus Christ and how that finds expression in the local church. The objective of the Walk to Emmaus is to inspire, challenge, and equip local church members for Christian action in their homes, churches, and places of work. Emmaus lifts up a way for our grace-filled life to be lived and shared with others.

In your opinion, is this applicant a candidate for an Emmaus weekend? **YES** **NO**

Do you feel that this person should attend a Walk to Emmaus at this time? **YES** **NO**

Church Name_____ Denomination _____

Church Address_____ City_____State _____ Zip_____

Church Office Phone (____) _____E-mail Address _____

Pastor's Title and Name _____Pastor's Signature _____

Have you attended a Walk to Emmaus or similar 3-day weekend? **YES** **NO**

If so, where did you make your weekend?_____ When? _____Walk # _____

Are you interested in working an Emmaus weekend? **YES** **NO**

Completed forms and deposits should be submitted to:
Pilgrim Registrar
CTC Emmaus
1505-B Royal Arch E. Ct.
Arlington, TX 76012

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