



Walk to  
**Emmaus**  
THE UPPER ROOM

# The United Emmaus Community, Inc.

## Request for Reservation

### TO BE COMPLETED BY THE APPLICANT

Male \_\_\_ Female \_\_\_ Age \_\_\_ Clergy? \_\_\_ # Children \_\_\_ Walk Date \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Name you wish us to use on your name badge \_\_\_\_\_

Work Phone \_\_\_\_\_ Company/School Name \_\_\_\_\_

e-Mail Address \_\_\_\_\_ Your minister's name \_\_\_\_\_

Church name & denomination \_\_\_\_\_

Married? \_\_\_ Spouse's name \_\_\_\_\_ Spouse's employer \_\_\_\_\_

Do you need a special diet for the weekend? \_\_\_\_\_ If so, explain \_\_\_\_\_

Will you be taking medication during the weekend? \_\_\_\_\_ What? \_\_\_\_\_

Specify any health problems or physical handicaps \_\_\_\_\_

Religious/Community organization memberships \_\_\_\_\_

Has Emmaus been explained to you? \_\_\_\_\_

Have the reunion groups/gatherings been explained to you? \_\_\_\_\_

Has your sponsor informed you that cameras & cell phones are not allowed? \_\_\_

List Emmaus members you may know \_\_\_\_\_

Is your spouse an Emmaus member? \_\_\_\_\_

If you have any special needs, how can we make your weekend more comfortable? \_\_\_\_\_

State briefly why you wish to be involved in the Emmaus movement and what you expect from this Walk to Emmaus \_\_\_\_\_

Your signature \_\_\_\_\_

Please answer the above questions carefully and completely. This information is necessary for your proper placement in the Emmaus experience.

The first forty-two candidates to apply will be eligible for the Walk. Commit this weekend to Emmaus. If, for any reason, you find that you cannot attend, notify your sponsor immediately so that a replacement can be obtained from our waiting list.

This application and an application fee of \$85 should be given to your sponsor who will forward them to the registrar. If it is not possible to send the application fee with the registration form, the fee must be paid two weeks prior to the date of the Walk. This fee is refundable if the applicant cannot attend the Walk.

The sponsor must enclose an additional \$40 (non-refundable) sponsor's fee. The application will not be processed until this fee is received.

**Sponsor's Information:**

Name \_\_\_\_\_

Street \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

FOR REGISTRAR'S USE ONLY

RECEIVED \_\_\_\_\_

RECEIVED \_\_\_\_\_

**TO BE COMPLETED BY THE SPONSOR:**

These questions are to promote good selection and sponsorship: they are not designed for the purpose of acceptance or rejection of the candidate.

Sponsor's name \_\_\_\_\_ Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  
Give name and denomination of your Church membership \_\_\_\_\_

Do you attend regularly? \_\_\_\_\_ When did you make your Emmaus Walk? \_\_\_\_\_ Where? \_\_\_\_\_ Are you in a reunion group? \_\_\_\_\_  
How many candidates have you sponsored in the last year? \_\_\_\_\_

Name of your Candidate \_\_\_\_\_  
Have you prayerfully sought guidance in selecting this candidate? \_\_\_\_\_  
How long have you known this candidate? \_\_\_\_\_  
Why do you want to sponsor this person? \_\_\_\_\_

In what areas does your candidate actively participate in his/her Church?  
\_\_\_\_\_

Does he/she have the physical and mental health needed for the Walk?  
\_\_\_\_\_

Is the candidate under any temporary emotional strain that might indicate that his/her weekend should be postponed? \_\_\_\_\_

Have you discussed Emmaus with the married candidate's spouse? \_\_\_\_\_

Is your candidate aware of his/her opportunities in the Emmaus Community AFTER the weekend, i.e. Gatherings, reunion groups, or other Walks? \_\_\_\_\_

During the Walk, can you and your family be a substitute for your candidate and be available to his/her family if any need or emergency arises? \_\_\_\_\_

Will you bring your candidate to the Send-Off at the start of the Walk? \_\_\_\_\_

Will you attend the Candlelight service? \_\_\_\_\_

Will you attend the Closing Service and return the candidate home? \_\_\_\_\_

Have you explained the post-weekend meeting? \_\_\_\_\_

Will you accompany your candidate to this meeting? \_\_\_\_\_

Will you assist in getting the candidate into a Reunion Group? \_\_\_\_\_

Are you aware of the importance of minimal contact with your candidate during the weekend, especially if the candidate is your wife/husband? \_\_\_\_\_

**HAVE YOU MADE YOUR CANDIDATE AWARE OF THE IMPORTANCE OF COMMUNICATING WITH YOU IMMEDIATELY SHOULD THE POSSIBILITY OF WITHDRAWING ARISE? \_\_\_\_\_**

**HAVE YOU MADE YOUR CANDIDATE AWARE THAT CAMERAS AND CELL PHONES ARE NOT ALLOWED ON THE WALK? \_\_\_\_\_**

Candidates application and \$85 fee, along with the sponsor's sheet and \$40 sponsor fee (\$125 total) should be sent to:

Registrar  
United Emmaus Community  
P.O. Box 4543 CRS  
Johnson City, TN 37602-4543