



**ASHLAND AREA WALK TO EMMAUS  
REQUEST FOR REGISTRATION**



**The cost of a weekend is \$75.00 per person.**

The Walk to Emmaus is a three-day experience of renewal, learning, and sharing in the atmosphere of a Christian community. It is a different experience for each individual. It is not designed for the solution of deep-seated personal problems, but to help people work toward a Christian way of life with community support. Each person must submit a separate request for reservation and married couples are requested to turn in both requests at the same time.\*

**Men's Walk #38 - March 16-19, 2017**

**Men's Walk #39 - October 5-8, 2017**

*Please Indicate Choice*

**Women's Walk #45 - March 30-April 2, 2017**

**Women's Walk #46 - October 19-22, 2017**

**TO BE FILLED OUT BY THE PILGRIM: (PLEASE PRINT)**

NAME \_\_\_\_\_ First Name Preferred, for Name Tag: \_\_\_\_\_

ADDRESS \_\_\_\_\_  Male  Female  Single  Married Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ Spouse's Name (If married) \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Name and address of church currently attending \_\_\_\_\_

Pastor's Name \_\_\_\_\_ Church Phone \_\_\_\_\_

Name of friend (*other than sponsor*) \_\_\_\_\_ Their Phone \_\_\_\_\_

Has the Walk to Emmaus been explained to you?  Yes  No

Have the follow-up programs of Group Reunions and Gatherings been explained to you?  Yes  No

Sleeping arrangements consist of mattresses on the floor. Do you require special bedding arrangements, such as two mattresses or a roll-a-way bed?

Yes  No If yes, please explain:

Will you require special accommodations for physical limitations, allergies, etc. that may affect your attendance at a Walk to Emmaus?

Yes  No If yes, please explain: \_\_\_\_\_

Will you need to take medication during the Walk?  Yes  No (*If yes, please advise your Sponsor*)

Are you on a **special diet for medical reasons?** (Diabetes, food allergies, etc.)  Yes  No **If yes, explain requirements**

Are you a smoker?  Yes  No (Please be advised that the Church is a non-smoking environment, and smoking areas are outdoors)

State briefly why you wish to be involved in the Walk to Emmaus, and what you expect from it.

Financial help is available for those who without it would be unable to attend the Walk to Emmaus. Please indicate your request for a pilgrimage in the amount of \_\_\_\_\_. A deposit of \$30.00 must be submitted to your sponsor along with your completed application. The remaining amount will be collected at the registrar's table upon arrival.

**Make checks payable to the Ashland Area Emmaus Community (AAEC).** You may be placed on a waiting list since we only have a certain number of spaces available. Early applications will be notified of acceptance by letter several weeks before the Walk to Emmaus. Late applications will be handled as quickly as possible.

Please fill in all blanks. All the above information is necessary for your proper placement in a Walk to Emmaus. Your signature on this application will be considered to indicate your consent for Personal Health Information to be shared on a need-to-know basis with those in charge of the Weekend.

**Sponsor's Name** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

\* Married couples should try to make an equal commitment to participate.

(Sponsor information on reverse side *must be completed prior to submission* of application to registrar).

**TO BE FILLED OUT BY SPONSOR (Please Print):**

*Note: All walks must have a minimum of 12 pilgrims sixty (60) days prior to the walk date.*

Pilgrims' Name \_\_\_\_\_  
Your Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Mobile) \_\_\_\_\_  
E-mail \_\_\_\_\_  
Name of Church You are Currently Attending \_\_\_\_\_

Where did you make your Walk to Emmaus? \_\_\_\_\_  
When? \_\_\_\_\_ Cursillo/Emmaus No. \_\_\_\_\_  
Are you now in a Reunion Group? \_\_\_\_\_  
Have you sponsored anyone before? \_\_\_\_\_  
Do you understand all of the responsibilities involved in sponsoring? \_\_\_\_\_  
Do you receive the Ashland Area Emmaus Newsletter? \_\_\_\_\_

How long have you known the Pilgrim? \_\_\_\_\_  
Why do you feel that this person would benefit from a Walk to Emmaus?  
\_\_\_\_\_  
\_\_\_\_\_  
Are you able & willing to assist the Pilgrim to get into an Emmaus Reunion Group? \_\_\_\_\_  
If the Pilgrim is married, have you discussed the Walk to Emmaus with their spouse? \_\_\_\_\_  
Will you bring your Pilgrim to the Emmaus Walk site? \_\_\_\_\_  
Is your Pilgrim on a **special diet for medical reasons**?  Yes  No  
If yes, **please explain in specific detail** what is needed:  
\_\_\_\_\_  
\_\_\_\_\_  
Can you participate in the events for Sponsors? \_\_\_\_\_  
Can you care for the needs of your Pilgrim's family over the weekend? \_\_\_\_\_  
Are you aware of the importance of minimal contact with your Pilgrim during the weekend, especially if the Pilgrim is your spouse? \_\_\_\_\_  
Comments: \_\_\_\_\_  
\_\_\_\_\_

Sponsor Signature \_\_\_\_\_ Date \_\_\_\_\_

Return application by mail to:

Attn: Registrar  
Ashland Area Emmaus Community  
P.O. Box 293  
Ashland, KY 41105-0293