



**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.*

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| <input type="checkbox"/> Men's Walk #37 - March 16-19, 2017 | <i>Please Indicate Choice</i> | <input type="checkbox"/> Women's Walk #45 - March 30-April 2, 2017 |
| <input type="checkbox"/> Men's Walk #38 - October 5-8, 2017 | | <input type="checkbox"/> 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