



**LEXINGTON WALK TO EMMAUS
REQUEST FOR RESERVATION**

Dear Sponsor:

As you know, the *Walk to Emmaus* is a three-day experience of renewal, learning and sharing in an atmosphere of 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 mature persons work toward a Christian way of life with community support. Husbands and wives are invited as a couple and should make a joint commitment to attend. Husbands usually attend first. If you have not discussed the Emmaus weekend with both spouses, the Board may ask that you wait to send one spouse until you have had the opportunity to encourage both spouses to attend. No spouse will be restricted from attending the Walk because their spouse will not commit to attend but an earnest effort must be made to offer the Emmaus experience to both spouses. Each person must submit a separate application, and married couples are requested to turn in both applications at the same time even if they will be attending a separate set of walks. Please complete **ALL** sections!

All information is necessary for proper placement in a *Walk to Emmaus*. Please be sure you and your pilgrim fill in **all** the blanks. The cost of the *Walk to Emmaus* weekend is \$150.00 per person. We require a \$50.00 registration deposit (nonrefundable), which should be sent in with the completed application. The remaining amount will be collected at the Registrar's table upon arrival at the weekend site. Please make checks payable to LEXINGTON EMMAUS COMMUNITY. A limited number of partial scholarships are available. If your pilgrim would like to be considered for a scholarship, please include an "Application for Scholarship" with the application. All scholarship applications must be received by the Lexington Emmaus Community with the corresponding walk application.

This form is an application and its submittal does not guarantee acceptance. Your pilgrim may be placed on a waiting list since there are a limited number of spaces available on each weekend. Early applicants will be notified of acceptance by letter six weeks prior to the *Walk to Emmaus* weekend. Later applications will be processed as quickly as possible. **Registrations received less than three weeks before any Walk will not be processed until the following set of Walks.**

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, the *Walk to Emmaus* is not structured to solve deep-seated personal problems. It is designed to provide those attending a personal encounter with Jesus Christ. If you have any further questions about sponsorship or registration procedures for the Lexington Community please contact the Registrar or any Board member.

This signed and dated cover page must be returned with the completed registration form and deposit. Your signature indicates you have read the above requirements and are committed to responsible sponsorship of your pilgrim.

Sponsor's Signature _____ Pilgrim's Name _____

Date: _____

TO BE FILLED OUT BY THE SPONSOR

(Please fill in all sections and blanks!)

Candidate's Name _____

Your Name _____ Address _____

City _____ State _____ Zip _____

Telephone: Home (_____) _____ Work (_____) _____

Name and Denomination of church now attending _____

Do you attend regularly? _____ Where was your *Walk to Emmaus/Cursillo*? _____

When? _____ *Emmaus/Cursillo* # _____ Reunion Group (y/n) _____

Group? _____ Meeting Date/Time? _____ Location? _____

How many candidates have you sponsored this year? _____

Are you praying for the candidate? _____ Have you signed up for the 72 hour Prayer Vigil? _____

Will you clear your weekend and attend the community events? _____

Are you serving and sacrificing for your candidate's weekend? _____

Agape? _____ Kitchen? _____ Team? _____ Other? _____

Why do you feel this person would be a good candidate? _____

Does the candidate have the physical and mental health needed for a *Walk to Emmaus* weekend? _____

Is the candidate under any temporary emotional or physical strain that might indicate her/his weekend should be postponed? _____

Are you able and willing to assist the candidate get into a reunion group? _____

Have you explained the gathering? _____ Will you accompany the candidate? _____

If the candidate is a married person, have you discussed the *Walk to Emmaus* with the spouse? _____

Have both spouses committed to attend? _____ (If not, please use the comment section below to explain any special reason for considering the candidate's application.)

Will you bring your candidate to the *Walk to Emmaus*? _____

Can you care for the needs of your candidate's spouse and family over the weekend? _____

Are you aware of the importance of minimal contact with your candidate during the weekend, especially if the candidate is your spouse? _____

Sponsor's Signature _____ Date _____

Mail to: Lexington Emmaus Community
Attn: Registrar
P.O. Box 23554
Lexington, KY 40523-3554

ADDITIONAL COMMENTS FROM SPONSOR

LEXINGTON EMMAUS COMMUNITY
P. O. BOX 23554
LEXINGTON, KY 40523-3554

PLEASE INDICATE CHOICE

Men's Walk (date) _____ Women's Walk (date) _____

To insure your reservation we require a \$50.00 non-refundable registration deposit.
 Return this completed form and your deposit to your Sponsor

TO BE FILLED OUT BY THE CANDIDATE

NAME _____ PREFERRED NAME (for name tag) _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME PHONE (_____) _____ WORK PHONE(_____) _____

SEX (M or F): _____ AGE: _____ Married/Single: _____ Minister / Sem. Student?: _____

NAMES/AGES OF CHILDREN _____

OCCUPATION _____ EMPLOYER _____

CHURCH AND DENOMINATION _____

PASTOR'S NAME _____ CHURCH PHONE (_____) _____

PASTOR'S ADDRESS _____

What other Christian or community organizations are you now active in? _____

Has the *Walk to Emmaus* been explained to you? _____

Has the follow-up program of group reunions and gatherings been explained to you? _____

Are you on a special diet? _____

Are you on special medication? _____

Do you have any health problems or physical handicaps which may affect your participation in the *Walk to Emmaus*? _____

(Please use the comment section below to explain any "YES" answers to the last three questions.)

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

Your Signature _____ Date _____

FOR OFFICE USE:			
DATE REC'D	AMT REC'D	CHECK NO.	NAME ON CHECK
_____	_____	_____	_____
SCH SENT	DATE REC'D	CLERGY	ROLL TO WALK #
_____	_____	Y__ N__	_____