

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



**PLEASE INDICATE CHOICE:**

- Men's Walk #26 March 18-21, 2010  
 Men's Walk #27 October 7-10, 2010

- Women's Walk #31 April 22-April 25, 2010  
 Women's Walk #32 October 21-24, 2010

**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.\*

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

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

ADDRESS \_\_\_\_\_  Male  Female  Single  Married Birthdate \_\_\_\_\_

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

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

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

Name and address of church now 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

Has the follow-up program of group reunions and Gatherings been explained to you?  Yes  No

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

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

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

Sleeping arrangements consist of mattresses on the floor. Do you require special bedding arrangements, such as two mattresses or roll-away 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:

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. All the above information is necessary for your proper placement in a Walk to Emmaus. Please fill in all blanks. 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 \_\_\_\_\_**  
(Sponsor information on reverse side must be completed prior to submission of application to registrar).

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

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

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.*

TO BE FILLED OUT BY SPONSOR: (Please Print)

PILGRIM'S NAME \_\_\_\_\_

YOUR NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE (Home) \_\_\_\_\_ (Business) \_\_\_\_\_

Name of Church you are now attending \_\_\_\_\_

Where did you make your Walk to Emmaus? \_\_\_\_\_ When? \_\_\_\_\_

Cursillo/Emmaus No. \_\_\_\_\_

Are you now in a reunion group? \_\_\_\_\_

Have you sponsored anyone in the past? \_\_\_\_\_

Do you understand all of the responsibilities involved in sponsoring? \_\_\_\_\_

Do you receive the Ashland Area Emmaus Newsletter? \_\_\_\_\_

How long have you known this Pilgrim? \_\_\_\_\_

Why do you feel that this Pilgrim would benefit from a Walk to Emmaus?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you able and 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? \_\_\_\_\_

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