

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