

APPLICATION FOR GULF COAST WALK TO EMMAUS

The weekend fee is \$225.00 (includes lodging, meals, materials, etc)
Complete and return this form, including **\$75.00 non-refundable** reservation fee,
(make check payable to Gulf Coast Emmaus, Inc.) and mail to:

Registrar, Gulf Coast Emmaus, Inc., P.O. Box 2638, Fort Myers, Florida 33902

The remaining \$150.00 weekend fee will be due one week prior to the walk.

If you wish, you may make full payment any time before the walk.

Please note: Deadline for submission is the third Sunday prior to the Men's Walk

Applicant, please **print clearly** and provide all requested information, thank you.

(First)

(Last)

(Name for your name tag)

Address: _____

City: _____ State: _____ Zip: _____

Home phone: (_____) _____ - _____ Cell: (_____) _____ - _____

Email: _____

Date of Birth _____ Present Marital Status: Single Married Divorced Widowed Separated

Spouse/Significant Other Name: _____ Spouse Phone Number: _____

Spouse has "Walked to Emmaus" Yes No Applied (Other) _____

Occupation: _____ Community Organizations: _____

Home Church Name: _____ Denomination: _____ Pastor's Name: _____

How long have you been involved in church? _____ What areas have you served in church: _____

What positions have you held in the church? _____

Yes No The Emmaus Weekend has been explained to me.

Yes No Emmaus follow-up activities like reunion groups and gatherings have been explained to me.

Yes No If married, has your spouse has been on a Walk to Emmaus? If so, Walk # _____ Location: _____

Yes No If married, does your spouse plan on making a Walk to Emmaus? If so, when? _____

Yes No Can you partake in the open communion?

Yes No I am prepared and willing to dedicate a complete 72 hours while attending this walk. If no, please explain: _____

Yes No I am on a special diet, if yes, please explain: _____

Yes No I have food allergies. Please explain _____

Yes No I am taking special medicine. Please explain if it needs to be given at certain times or chilled. _____

Yes No I have physical limitations, if yes, please explain: _____

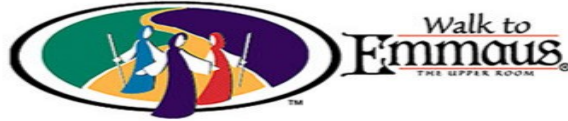
Yes No I smoke.

I want to attend the Gulf Coast Walk to Emmaus because _____

I understand this signed application does NOT guarantee attendance on a particular walk,
but does put me on the list for an upcoming Walk.

Applicant Signature

Date



Sponsor Please Complete

Applicant's name: _____

Sponsor's Name: _____
(First) (Last)

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

Email: _____

Your church name: _____ Denomination: _____

Attend church regularly: Yes No If no, please explain: _____

Where did you attend Walk to Emmaus/Cursillo/Chrysalis? _____

Walk # _____ Year: _____ Are you in Reunion Group or similar support group? Yes No

I have fully explained the Walk to Emmaus weekend to my applicant Yes No

If your applicant is married, have you FULLY discussed the Walk to Emmaus with their spouse? Yes No

Does the spouse plan to attend a "walk?" Yes No If no, please explain _____

SPONSOR SECTION...THIS SECTION IS VERY IMPORTANT, PRAYERFULLY READ AND COMPLETE!

Please remember that the weekend is an intense program of Christian study and spiritual growth and IS NOT a retreat or cure-all for persons who may be experiencing temporary problems. Applicants should be active in their Church and should desire an opportunity to grow in Christ and to enhance their participation in the church. Be mindful that the success of your applicant's weekend is enhanced by your prayer and participation in the weekend activities.

By checking below I PROMISE TO:

Pray and sacrifice for my applicant.

Bring my applicant to the weekend send-off and STAY for Sponsor's hour.

Arrange for the care of my applicant's family during the weekend.

Attend ALL weekend functions.

Assist my applicant in establishing/joining a Reunion or similar Group.

Bring my applicant to the Fourth Day Meeting and the first Gathering after the weekend.

Help my applicant learn about sponsor duties and responsibilities and assist with their first sponsorship.

Please explain if you are not able to perform one or more of the above: _____

To the best of my knowledge, my applicant does have the physical and mental health to attend the Walk.

Are there any additional circumstances concerning your applicant that the Team should be aware of? Please explain: _____

By signing below, I agree that I have answered all questions prayerfully and fully believe that my applicant is ready to Walk to Emmaus and understands this does NOT guarantee attendance on a particular Walk, but does put them on the list for an upcoming Walk.

Sponsor Signature

Date

Pastor's Name (please print) / Signature

Church Representative Signature

Date