



**CENTRAL TEXAS CONFERENCE  
WALK TO EMMAUS  
APPLICATION TO ATTEND A WALK**

|                        |       |
|------------------------|-------|
| <b>Office Use Only</b> |       |
| Date Received:         | _____ |
| Check No.              | _____ |
| Name:                  | _____ |
| Amount:                | _____ |

**THIS SECTION TO BE COMPLETED BY APPLICANT – Please Print Clearly**

NOTE: All information requested is necessary for your proper placement on a Walk to Emmaus Weekend. ANY UNFILLED BLANKS WILL RESULT IN THE APPLICATION AND FEES BEING RETURNED TO YOU. Placement will be made based on date received at the Emmaus office and availability of space. If you have a preferred Walk date/location, please indicate the Walk number here \_\_\_\_\_. If that Walk is unavailable, you will be scheduled for the next available Walk. If you want to be placed on a waiting list for the Walk requested (if it is full upon receipt of your application) and be notified if a cancellation occurs, please indicate here: YES \_\_\_ NO \_\_\_. How much notice would you need to be rescheduled to an earlier Walk? 3 days 1 week 2 weeks 1 month  
*Circle only one*

First Name (as you want it on your name tag) \_\_\_\_\_ Last Name \_\_\_\_\_

First Name if different from above \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Business Phone (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Birth date \_\_\_\_\_ Occupation \_\_\_\_\_

Name and City of church in which you are currently active \_\_\_\_\_

Has the purpose of the Walk to Emmaus been explained to you? YES NO

Has the follow-up program of the Walk to Emmaus been explained to you? YES NO

State briefly why you want to be involved in the Emmaus community and what you expect from it. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Medical Information – MUST BE COMPLETED**

Walk to Emmaus is a long and often intense three-day experience. Have the rigors of the weekend been explained to you? YES NO

Do you have any physical conditions that may affect your participation in ALL parts of the Emmaus weekend? YES \_\_\_\_\_ NO \_\_\_\_\_

Do you require any physical assistance? YES NO If "yes", please specify: \_\_\_\_\_

\_\_\_\_\_

Do you take any medications during the day (other than "at bedtime" or "upon arising" or at specified times daily)? YES \_\_\_\_\_ NO \_\_\_\_\_

Please specify any special dietary needs you would expect us to provide: \_\_\_\_\_

**Emergency Contact OTHER THAN SPONSOR**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary Phone (\_\_\_\_) \_\_\_\_\_

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**You must be sponsored on your Walk by someone who has completed a Walk to Emmaus, Cursillo, Chrysalis, Tres Dias, or similar weekend. YOUR SPONSOR MUST COMPLETE AND SIGN THE REVERSE SIDE OF THIS FORM.**

The fee to attend the Walk to Emmaus is **\$150**. The non-refundable, non-transferable deposit of **\$50 must** accompany this application. The balance of **\$100** is due before the start of the Walk to which you are assigned. Checks should be made payable to **CTC Emmaus**. In the event you must cancel, please notify the Administrator at **(512) 694-6729** as soon as possible so that you may be rescheduled. Please give this completed form to your sponsor. Sponsors should check this form for completeness and mail it with the deposit to:

**CTC Emmaus  
2541 South IH-35, Suite 200-283  
Round Rock, TX 78664-7357**

The Emmaus e-mail address – [ctcemmaus@sbcglobal.net](mailto:ctcemmaus@sbcglobal.net) – may be used for questions and information.

**TO BE COMPLETED BY SPONSOR. ALL blanks MUST be completed. Please Print Clearly**

Sponsor's First Name \_\_\_\_\_ Sponsor's Last Name \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Business Phone (\_\_\_\_) \_\_\_\_\_ E-mail Address \_\_\_\_\_

Name and denomination of Church now attending: \_\_\_\_\_

Do you attend regularly? **YES NO**

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

Are you now in a group reunion? **YES NO** Reunion Group Name and Meeting Day/Time: \_\_\_\_\_

Do you attend Gatherings? **YES NO** Which Community? \_\_\_\_\_

Have you read the Day Four booklet provided to you in your Fourth Day packet? **YES NO**

How many Pilgrims have you sponsored in the last year? \_\_\_\_\_ How long have you known this candidate? \_\_\_\_\_

Why do you feel that this person is a good candidate? \_\_\_\_\_

Does this candidate have the physical and mental health needed for a Walk to Emmaus? **YES NO**

Is this candidate under any temporary emotional strain that might indicate his/her weekend should be postponed? **YES NO**

If this candidate is married, have you discussed the Walk to Emmaus with this candidate's spouse?

Are you willing to pray and sacrifice for your candidate? \_\_\_\_\_ Will you bring your candidate to and from the Emmaus site? \_\_\_\_\_

Sign up for the Prayer Vigil? \_\_\_\_\_ Attend Sponsor's Hour? \_\_\_\_\_ Attend Candlelight? \_\_\_\_\_ Attend Closing? \_\_\_\_\_

Can you care for the needs of your candidate's spouse and/or family over the weekend? **YES NO**

Are you able and willing to assist this candidate to get into an Emmaus reunion group? **YES NO**

Have you explained to this candidate that outside contact is "emergency" only? **YES NO**

Are you aware of the importance of minimal contact with your candidate during the weekend, especially if the candidate is your spouse? **YES NO**

If your candidate has indicated on this application that he/she can be rescheduled to an earlier Walk on short notice, will you fulfill your Sponsor's duties in the time that your Pilgrim has indicated? **YES NO**

Sponsor's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TO BE COMPLETED BY APPLICANT'S PASTOR. All blanks must be completed.**

*The focus of Emmaus is God as known in Jesus Christ and how that finds expression in the local church. The objective of the Walk to Emmaus is to inspire, challenge, and equip local church members for Christian action in their homes, churches, and places of work. Emmaus lifts up a way for our grace-filled life to be lived and shared with others.*

In your opinion, is this applicant a candidate for an Emmaus weekend? **YES NO**

Do you feel that this person should attend a Walk to Emmaus at this time? **YES NO**

Church Name \_\_\_\_\_ Denomination \_\_\_\_\_

Church Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Church Office Phone (\_\_\_\_) \_\_\_\_\_ E-mail Address \_\_\_\_\_

Pastor's Title and Name \_\_\_\_\_ Pastor's Signature \_\_\_\_\_

Have you attended an Emmaus or other 3-day weekend? **YES NO**

If so, where did you make your Walk to Emmaus? \_\_\_\_\_ When? \_\_\_\_\_ Walk # \_\_\_\_\_

Are you interested in working an Emmaus weekend? **YES NO**