



# NORTHEAST LOUISIANA - WALK TO EMMAUS

## Request for Reservation

*Please type or print neatly and fill out all information on this application.  
THIS FORM, ALONG WITH PAYMENT IN FULL, MUST BE RETURNED TO YOUR SPONSOR.*

Walk requested:      Date \_\_\_\_\_ Walk # \_\_\_\_\_ Can you attend on short notice? Yes \_\_\_ No \_\_\_

Last Name \_\_\_\_\_ First name \_\_\_\_\_ Nametag Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Home phone (\_\_\_\_) \_\_\_\_\_ Business phone (\_\_\_\_) \_\_\_\_\_ Birth date \_\_\_\_\_

Male \_\_\_ Female \_\_\_ Married \_\_\_ Single \_\_\_ Divorced \_\_\_ Widow(er) \_\_\_ # of children \_\_\_ TShirt Size \_\_\_

Present Occupation \_\_\_\_\_ Church now attending \_\_\_\_\_

Has the Walk to Emmaus been explained to you, including post-Emmaus follow up? \_\_\_\_\_

Name, address, phone # of someone to contact in case of emergency and/or who can help us contact you prior to your Walk. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### HEALTH RELEASE FORM TO BE COMPLETED BY APPLICANT

*Please list all allergies, medications being taken, medical problems, special diets, physical handicaps, or other pertinent information that may affect you attendance and well being at your Walk to Emmaus weekend.*

Explain: \_\_\_\_\_  
\_\_\_\_\_

*In the event of an emergency, and if my closest relative and/or spouse cannot be reached by telephone, the Emmaus staff has my permission to gain the services of licensed medical professionals to provide the care deemed necessary including anesthesia, for my well being.*

Your signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Register *ONLY* IF YOU INTEND TO BE PRESENT FOR THE ENTIRE WEEKEND. Sponsor should already have been on a Walk to Emmaus, Cursillo, or Tres Dias. No reservation will be accepted without the following items:**

- (1) Completed and signed application
- (2) Completed sponsor's form
- (3) Payment in FULL (\$125) Make checks to Northeast Louisiana Emmaus Community

**REMEMBER: Return your completed and signed application along with payment in full to your Sponsor.**

Your email address \_\_\_\_\_

Your signature \_\_\_\_\_ Your pastor's signature \_\_\_\_\_

Sponsor's signature \_\_\_\_\_ Sponsor's name (print or type) \_\_\_\_\_



# NORTHEAST LOUISIANA - WALK TO EMMAUS

## TO BE COMPLETED BY SPONSOR

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 also that the Walk to Emmaus is not structured to solve deep-seated personal problems. It is designed to provide, to those attending, a personal encounter with Jesus Christ.

Candidate's Name \_\_\_\_\_

Your Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (H) \_\_\_\_\_ (W) \_\_\_\_\_ E-mail Address \_\_\_\_\_

Name/Denomination of church you attend \_\_\_\_\_

What Community sponsored your Walk to Emmaus? \_\_\_\_\_ When? \_\_\_\_\_

Where? \_\_\_\_\_ Walk # \_\_\_\_\_ Currently in Reunion Group? \_\_\_\_\_

Which Group? \_\_\_\_\_ Meeting time? \_\_\_\_\_ Location? \_\_\_\_\_

Does your candidate have the physical and mental health needed for a Walk to Emmaus weekend? \_\_\_\_\_

Is your candidate under any temporary emotional strain? Should his/her weekend be postponed? \_\_\_\_\_

Will you:	Pray for your candidate?	Yes	No
	Bring your candidate to the Walk?	Yes	No
	Sign up for the prayer vigil?	Yes	No
	Attend all the weekend community events?	Yes	No
	Serve and sacrifice for your candidate's weekend?	Yes	No
	Help your candidate get into a reunion group?	Yes	No
	Explain the monthly community gathering to your candidate?	Yes	No
	Accompany your candidate to the community gathering?	Yes	No
	Discuss Emmaus with their spouse?	Yes	No
	Care for their spouse and family during your candidate's weekend?	Yes	No
	Maintain minimal contact with your candidate during the weekend?	Yes	No

### **CONFIDENTIAL INFORMATION FOR THE LAY DIRECTOR AND/OR SPIRITUAL DIRECTOR:**

Why did you sponsor this person for a Walk to Emmaus? \_\_\_\_\_

Describe your candidate's spiritual needs during their Walk: \_\_\_\_\_

If possible, describe your candidate's personality, spiritual growth, etc. to assist the team in seating, room assignment, etc. \_\_\_\_\_

Please attach payment for the estimated cost for your pilgrim's weekend: \$125.00

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

**Women's Walk mail to:**  
Laurie Simms  
175 Tanager Ridge Drive  
Monroe, LA 71203

**Men's Walk mail to:**  
Montene Hamilton  
P.O. Box 71  
Downsville, LA 71234