

**Illinois Heartland Emmaus Community
Upper Room Walk to Emmaus
Request for Reservation**

Mail to:
Illinois Heartland Emmaus Registrar
PO Box 364
Washington, IL 61571

Date: _____
Sponsor: _____
Deposit: _____

TO BE FILLED OUT BY APPLICANT:

Applicant's Name _____ Address _____

City _____ State _____ Zip _____ Phone _____

Email _____ Can we add you to the email news list? Yes No

Age: (Circle one): 18-25 26-45 36-45 46-55 56-65 66-75 Over 75

Marital Status: (Circle one) S M (Name of spouse: _____) D W/widower Number children _____

Occupation _____ Company Name _____

Work Phone _____ Years of formal education _____

In what religious or community organizations are you active _____

Name & Denomination of church now attending _____

Pastor's Name _____ Church address, city, zip _____

Has the Walk to Emmaus been explained to you: (Circle One) Yes No

Do you have any health or physical conditions that may affect your attendance at the Walk to Emmaus?
If so, what? _____

There are two flights of stairs to traverse each day. Will this be a problem? (Circle one) Yes No

Are you on a special diet? If so, what _____

Are you on any special medications? If so, what _____

Are you able to sleep in a top bunk bed Yes No **Printed Name for Name Tag** _____

State briefly why you wish to attend a Walk to Emmaus and be involved in the Emmaus Community.

Signature _____

All of the above information is necessary for your proper placement in a Walk to Emmaus weekend. Please fill in all the blanks. Please enclose a pre-registration deposit of \$25.00. This will be applied toward the cost of \$100.00 for the Walk. This deposit is non-refundable, but it can be used by you on a future walk. Make checks payable to Illinois Heartland Emmaus Community. Scholarships are available if needed.

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TO BE COMPLETED BY SPONSOR

Applicant _____ Date _____

Sponsor's Name _____ Address _____

City _____ State _____ Zip _____ Email _____

Can we put you on the Email news List? Yes No Home Phone _____ Work Phone _____

Name/denomination of church you are now attending _____

Do you attend regularly? Yes No Where did you make your Walk to Emmaus, Cursillo, Other?

_____ Year? _____ Walk Number _____

Are you in a reunion group? Yes No When and Where does your reunion group meet _____

Pilgrims sponsored in the last year _____ How long have you known the candidate? _____

Have you explained the Emmaus program, including group reunions to your candidate: Yes No

Have you explained the post-Emmaus meeting to your candidate: Yes No

Why do you feel this person would be a good candidate? _____

Does your candidate have any physical or mental health needs that must be addressed by the team,
including problems with climbing stairs: Yes No

Explain _____

Is candidate under any emotional strain that might indicate his/her participation should be postponed?

Yes No

Are you willing to assist the candidate in getting into a reunion group: Yes No

If the candidate is married, have you discussed the Walk to Emmaus with both the candidate and spouse: Yes No

Do you have both applications: Yes No Explain if No: _____

Will you bring candidate to Emmaus site: Yes No

Will you attend the following: Sponsor's Hour Yes No Candlelight Yes No Closing Yes No

Can you care for the needs of your candidate's spouse and family over the weekend? Yes No

Are you aware of the need for minimal contact with your candidate during the weekend? Yes No

I will bring my candidate to the follow-up meeting on Tuesday following the weekend. Yes No

Signature _____

If scholarship help is required for your Applicant, please contact the Community Lay Director or Walk Board Advisor. Mail applications to: Illinois Heartland Emmaus Registrar, PO Box 364, Washington, IL 61571