



**REQUEST FOR RESERVATION**

**THIS SIDE TO BE COMPLETED BY APPLICANT**

DATE: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
*(Preferred Name for your Nametag)*

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

E-mail Address *(Please print clearly)*: \_\_\_\_\_

Occupation: \_\_\_\_\_ Business Phone: (\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Marital Status: Single - Married - Divorced - Widowed – Separated      Male/Female      Age: \_\_\_\_\_  
*(Circle One)*      *(Circle One)*

T-Shirt Size *(Circle One)* - S M L XL XXL XXXL

In what church or community organizations are you active? \_\_\_\_\_

Name of Church you attend: \_\_\_\_\_ Denomination: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Pastor's Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Pastor's Signature: \_\_\_\_\_

**Has the Walk to Emmaus program and weekend been explained to you?** \_\_\_\_\_

**Has the importance of the "Follow-up" program, group reunions and the post-Emmaus Walk Meetings been explained to you?** \_\_\_\_\_

**Do you have any health, hearing loss or physical handicap problems that may affect your participation in the Walk to Emmaus?** If YES, please describe: \_\_\_\_\_

**Do you need any special equipment (like a bed)?** \_\_\_\_\_ If so, please explain why. There is limited spacing for regular beds. \_\_\_\_\_

**Are you on a special diet or medication?** \_\_\_\_\_ If YES, please explain: \_\_\_\_\_

Please state briefly why you wish to become involved in the Walk to Emmaus Program and what you expect from it: \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_

All of the above information is necessary for your placement in the weekend Walk to Emmaus.

Please fill in ALL blanks so we can properly assist you. Thank you.

\*\* Please note: By signing and submitting this application you are giving Emmaus of the Cumberland permission for your group picture and personal contact information to be posted on our Emmaus Web Site. You also give us permission to update your personal contact information as needed when we acquire new information.

**THIS SIDE TO BE COMPLETED BY SPONSOR**

We ask for a \$75.00 contribution to partially offset costs of material and meals during the weekend, payable when your applicant arrives at Thursday's sign-in.

**Mail the application to:** Janice Woods Emmaus of the Cumberland Registrars  
P O Box 1595, Fairfield Glade, TN 38558  
Phone 931-456-5468 Fax: 931-484-6374

Sponsor's Name: \_\_\_\_\_ Street Address: \_\_\_\_\_

Mailing address if different: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail Address (*Please print clearly*): \_\_\_\_\_

Workplace: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Home/Cell Phone (\_\_\_\_) \_\_\_\_\_

Church and Denomination: \_\_\_\_\_ Do you attend regularly? \_\_\_\_\_

When, Where and Walk Number of your Emmaus Walk: \_\_\_\_\_

Are you in a Reunion Group or a similar support group? \_\_\_\_\_ Name of Group: \_\_\_\_\_

Reunion Group Contact Person: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**SPONSOR:** *Please remember that the Weekend is an intense program of Christian study and spiritual growth, and is not a retreat or a cure-all for persons who may be experiencing temporary problems. Applicant should already be active in the Church and should desire an opportunity to grow in Christ and to enhance their participation in the Church. As you complete these questions, be mindful that the success of your applicant's weekend is enhanced by your personal prayer and dedication, as well as that of the Community.*

**For those who are interested:** *a form is available for download on our website that lists suggestions for the sponsor in preparing their applicant for the weekend. It also includes a tear off portion to give your applicant with a list of suggested items for them to bring to the weekend. It is only a suggested list to help new sponsors and applicants become more familiar with what might be needed. It is not required that you stick strictly to the list.*

**\*It is important to answer the following questions to the best of your ability and knowledge \***

Have you FULLY explained the Emmaus Program and Weekend to your applicant? \_\_\_\_\_

Is the spouse also to attend? \_\_\_\_\_ Has the spouse turned in an application? \_\_\_\_\_

If your applicant is married, have you FULLY discussed the Walk with the spouse? \_\_\_\_\_

Will you assist your applicant in establishing a Reunion Group and/or a similar support group? \_\_\_\_\_

Will you PRAY and sacrifice for your applicant? \_\_\_\_\_

Will you bring your applicant to the Weekend Send-Off? \_\_\_\_\_

Will you attend the Sponsor's Hour, Candlelight, and Closing? \_\_\_\_\_

Will you bring your applicant to the Fourth Day Meeting and to the first Gathering after the Weekend? \_\_\_\_\_

Will you arrange for the care of your applicant's family during the Weekend? \_\_\_\_\_

If your answer to any of the above questions is "NO", will you be able to arrange for another person to fulfill your responsibilities in these areas? \_\_\_\_\_

To the best of your knowledge, does your applicant have the physical and mental health needed to attend an Emmaus Walk? \_\_\_\_\_

Is your applicant under any temporary emotional strain that might interfere with their participation in this walk that would indicate that their acceptance should be postponed to a later walk? \_\_\_\_\_

Are there any additional circumstances concerning this applicant that the team should be aware of? If so, please explain: \_\_\_\_\_

Sponsor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_