

New Life

Walk to Emmaus Application

Mail Application with Registration Deposit to:

New Life Emmaus Community

P.O. Box 5151

Decatur, AL 35601

registrar@newlifeemmaus.org



THIS PAGE TO BE COMPLETED BY APPLICANT. PLEASE PRINT OR TYPE.

The Walk to Emmaus is:

- A 3-day retreat sponsored by the Upper Room, a division of the United Methodist Church
- Walks are held at the Benedictine Sisters Retreat Center of the Sacred Heart Monastery in Cullman, Alabama

Purpose:

- To renew the local church
- Offer a “short course in Christianity”
- Provide a model for Christian accountability groups.

- ▶ Intended for established Christians who want to be refreshed in their faith.
- ▶ By sharing God’s grace an opportunity is given to grow in one’s spiritual journey.

Name: _____ Name for name tag: _____

Address: _____ Gender: Male Female

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____ Birth Date: _____

Occupation/Employer: _____ Work Phone: _____

Church(include denomination): _____

Church Address: _____

City: _____ State: _____ Zip: _____

Pastor’s Name: _____

Religious/Community organizations you are involved in: _____

Spouse’s Name: _____

If Spouse has attended a Walk: Where? _____ When? _____ Number? _____

Have these been explained: Emmaus Weekend? _____ Follow Up? _____ Reunion Group? _____

State briefly why you want to be involved in the Emmaus community and what you expect from your Walk experience.

MEDICAL INFORMATION - MUST BE COMPLETED

The Walk to Emmaus is a long and often intense three-day experience. Have the demands 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 If yes, please explain:

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”)? YES NO

Describe any special dietary needs you may have:

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 or a similar weekend. **YOUR SPONSOR MUST COMPLETE AND SIGN THE REVERSE SIDE OF THIS FORM.** The fee to attend the Walk to Emmaus is \$160. The **NON-REFUNDABLE, NON-TRANSFERABLE DEPOSIT** of \$30 **MUST** accompany this application. The balance of \$130 is due before the start of the Walk to which you are assigned. Checks should be made payable to **New Life Emmaus**. In the event you must cancel, please notify the Registrar at (256) 655-6926 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 the address above.

THIS SECTION TO BE COMPLETED BY SPONSOR. PLEASE PRINT OR TYPE.

Sponsor's First Name:			Sponsor's Last Name:		
Street Address:					
City:		State:		Zip:	
Home Phone:			Cell/Work Phone:		
Email Address:					
Name of Church Attending:					
Denomination:					
Your Walk: Location?		Date?		Number?	
Are you in a Reunion Group? <input type="checkbox"/> YES <input type="checkbox"/> NO					
Are you willing and able to assist the candidate in getting into a reunion group? <input type="checkbox"/> YES <input type="checkbox"/> NO					
Do you attend Emmaus Gatherings? <input type="checkbox"/> YES <input type="checkbox"/> NO; Which Community?					
How long have you known this candidate? _____					
Why do you feel that this person is a good candidate?					
To your knowledge, does this candidate have the physical and mental health needed for a Walk to Emmaus? <input type="checkbox"/> YES <input type="checkbox"/> NO					
Is this candidate under any temporary emotional strain that might indicate his/her weekend should be postponed? <input type="checkbox"/> YES <input type="checkbox"/> NO					
If this candidate is married, have you discussed the Walk to Emmaus with this candidate's spouse?					
As the sponsor, are you willing to:					
Pray and sacrifice for your candidate? <input type="checkbox"/> Attend Sponsor's Hour? <input type="checkbox"/>					
Attend Candlelight? <input type="checkbox"/> Attend Closing? <input type="checkbox"/> Attend Follow-Up? <input type="checkbox"/>					
Attend 1 st Gathering? <input type="checkbox"/>					
Care for the needs of your candidate's spouse and/or family over the weekend? <input type="checkbox"/>					
Sponsor's Signature:			Date:		

THIS SECTION TO BE COMPLETED BY APPLICANT'S PASTOR.

The Walk to Emmaus is a spiritual renewal program intended to strengthen the local church through the development of Christian disciples and leaders. The program's approach seriously considers the model of Christ's servanthood and encourages Christ's disciples to act in ways appropriate to being "a servant to all."

In your opinion, is this applicant a good candidate for an Emmaus weekend? <input type="checkbox"/> YES <input type="checkbox"/> NO					
Do you feel that this person should attend a Walk to Emmaus at this time? <input type="checkbox"/> YES <input type="checkbox"/> NO					
Pastor's Title and Name:					
Church Name:			Denomination:		
Church Address:					
Phone:			E-Mail Address:		
Pastor's Signature:			Date:		
Have you attended an Emmaus/Cursillo/Chrysalis or similar weekend? <input type="checkbox"/> YES <input type="checkbox"/> NO					
If so, where did you attend your 3-day weekend? _____ When?					
Are you interested in working an Emmaus weekend? <input type="checkbox"/> YES <input type="checkbox"/> NO					
Office Use Only: Date Rec'd:		Deposit Rec'd:		Walk #:	