

# Request for Reservation Campbellsville Walk to Emmaus

The WALK TO EMMAUS is a three-day experience of renewal, learning and sharing in the atmosphere of a Christian community. It is a different experience for each individual. It is not designed for the solution of deep-seated personal problems, but to help mature people work toward a Christian way of life with community support. Husbands and wives are invited as a couple and should make a joint commitment to attend. Husbands usually attend first. Each person must submit a separate application, and married couples are requested to turn in both applications at the same time. Selection preference will be given to couples both agreeing to attend.

### TO BE FILLED OUT BY THE CANDIDATE: (Then return this form to your Sponsor)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Name for Name Tag \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

**EMAIL ADDRESS :** \_\_\_\_\_

Personal Information: Male \_\_\_\_\_ Female \_\_\_\_\_ **\*Age \_\_\_\_\_ (required)**

Single \_\_\_\_\_ Married \_\_\_\_\_ Number of children \_\_\_\_\_ Children's Ages \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Work Number \_\_\_\_\_

**Church and Denomination now attending** \_\_\_\_\_

Pastor's Name \_\_\_\_\_ Church Phone Number \_\_\_\_\_

What other Christian or community organizations are you now active in? \_\_\_\_\_

**Has the WALK TO EMMAUS been explained to you?** \_\_\_\_\_

**Has the follow up program of group reunions and gatherings been explained to you?** \_\_\_\_\_

**Are you on a special diet?** \_\_\_\_\_ If so, please specify what you need: \_\_\_\_\_

Are you on special medication? \_\_\_\_\_ please explain \_\_\_\_\_

Do you have a health problem or handicap that may affect your attendance at a WALK TO EMMAUS? If so, please explain \_\_\_\_\_

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

All the above information is necessary for your proper placement in a WALK TO EMMAUS. Please fill in ALL BLANKS. **The cost of a weekend is \$70.00 per person.** We request a \$10.00 registration fee, (non-refundable), which should be given to your Sponsor along with your COMPLETED APPLICATION. The remaining amount will be collected at the Registrar's table upon arriving at the campground. Make checks payable to the CAMPBELLSVILLE EMMAUS COMMUNITY. **(Please notify your sponsor if you need assistance with registration cost.)** This form is an application and its submittal does not guarantee acceptance. You may be placed on a waiting list since we only have a certain number of spaces available. Early applicants will be notified of acceptance by letter several weeks before the WALK TO EMMAUS. Late applications will be handled as quickly as possible.

**TO BE FILLED OUT BY THE SPONSOR**

Application/ Request for Reservation for Walk to Emmaus

Sponsor's Name: \_\_\_\_\_ **YOUR CANDIDATE's NAME** \_\_\_\_\_Your Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Number: \_\_\_\_\_ Work /cell \_\_\_\_\_  
Name and denomination of Church you now attend \_\_\_\_\_Where did you make your Emmaus/Chrysalis Walk? \_\_\_\_\_ When? \_\_\_\_\_  
Emmaus/Chrysalis Walk # \_\_\_\_\_ **Are you now in a reunion group?** \_\_\_\_\_ **Name of Group** \_\_\_\_\_  
Meeting Time and Day \_\_\_\_\_ Location \_\_\_\_\_  
How many candidates have you sponsored in the last year? \_\_\_\_\_ Are you praying for your candidate? \_\_\_\_\_Are you serving and sacrificing for your candidates' weekend? \_\_\_\_\_ Why do you feel that this person would be a  
good candidate \_\_\_\_\_ **Do you****understand that it is the SPONSOR'S RESPONSIBILITY to see that the application fee is either paid  
by the candidate, yourself, your reunion group, church group, friends, etc.** \_\_\_\_\_Does the candidate have the physical and mental health needed for a WALK TO EMMAUS weekend? \_\_\_\_\_ Is the  
candidate under any temporary emotional strain that might indicate his/her weekend should be postponed? \_\_\_\_\_ **Are you  
able and willing to assist the candidate to get into a reunion group?** \_\_\_\_\_

Have you explained the post weekend gathering? \_\_\_\_\_ Will you accompany the candidate to this meeting? \_\_\_\_\_

If the candidate is a married person, have you discussed Emmaus with his/her spouse? \_\_\_\_\_

Have both made a commitment to attend? \_\_\_\_\_ (\*If not, please explain any special reason for considering the application.)  
\_\_\_\_\_Will you bring your candidate to the WALK TO EMMAUS? \_\_\_\_\_ Can you care for the needs of your candidate's spouse for the  
weekend? \_\_\_\_\_ Are you aware of the importance of MINIMAL CONTACT with your candidate during the weekend,  
especially if the candidate is your wife/husband? \_\_\_\_\_

Does your candidate have a need for a special bed assignment? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please explain: \_\_\_\_\_

Require Special Diet? If so, explain \_\_\_\_\_  
\_\_\_\_\_**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 nor is it evangelistic in nature. It is designed to provide to those attending a personal encounter with Jesus Christ .****Sponsor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_Mail this application to: **WALK to EMMAUS Registrars**, PO Box 4155, Campbellsville, KY 42719