

# New Life Walk to Emmaus Application

**Mail Application with Registration Deposit to:**  
 New Life Emmaus Community  
 P.O. Box 5151  
 Decatur, AL 35601



**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.

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

Name:	Name for nametag:	
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 \$215. The **NON-REFUNDABLE, NON-TRANSFERABLE DEPOSIT** of \$30 **MUST** accompany this application. The balance of \$185 is due by 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 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:	Work Phone:		
Email Address:	Cell Phone:		
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?			
<b>As the sponsor, are you willing to:</b>			
Pray and sacrifice for your candidate? _____ Attend Sponsor's Hour? _____			
Attend Candlelight? _____ Attend Closing? _____ Attend Follow-Up? _____			
Attend 1 <sup>st</sup> Gathering? _____			
Care for the needs of your candidate's spouse and/or family over the weekend? _____			
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:		
<b>Pastor's Signature:</b>		<b>Date:</b>	
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 #: