

New Life Walk to Emmaus Application

Mail Application with Registration Deposit to:

New Life Emmaus Community
1605 Beltline Rd Sw
Suite D8 #303 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 food allergies or 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 \$235. The **NON-REFUNDABLE, NON-TRANSFERABLE DEPOSIT** of \$35 **MUST** accompany this application. The balance of \$200 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 have your sponsor notify the Registrar 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.

| | | | |
|---|--|-----------------------|----------------------|
| Sponsor Responsibilities: <ul style="list-style-type: none"> • Ensure all sections of this application are completed • Turn in application NO LATER THAN 6 weeks before the scheduled walk. • The \$35 non-refundable deposit must accompany this form (checks made payable to New Life Emmaus) • Balance of \$200 due before the walk starts • Provide transportation for your pilgrim to and from the walk, and to the Follow-up gathering the week after the walk • Notify registrar of any last minute changes (pilgrim unable to attend) | 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? ____ YES ____ NO | | |
| | Are you willing and able to assist the candidate in getting into a reunion group? ____ YES ____ NO | | |
| | Do you attend Emmaus Gatherings? ____ YES ____ 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? ____ YES ____ NO | | |
| | Is this candidate under any temporary emotional strain that might indicate his/her weekend should be postponed? ____ YES ____ 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? _____ Attend Sponsor's Hour? _____ | | |
| | Attend Candlelight? _____ Attend Closing? _____ Attend Follow-Up? _____ | | |
| | Attend 1 st 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? ____ YES ____ NO | | | |
| Do you feel that this person should attend a Walk to Emmaus at this time? ____ YES ____ 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? ____ YES ____ NO | | | |
| If so, where did you attend your 3-day weekend? | | When? | |
| Are you interested in working an Emmaus weekend? ____ YES ____ NO | | | |
| Office Use Only: Date Rec'd: | | Deposit Rec'd: | |
| | | Walk #: | |