

The Upper Room Emmaus of the Eastern Panhandle of West Virginia

200 Wintergreen Lane
Brunswick, Md. 21716

Application to attend a West Virginia Walk to Emmaus Weekend

Are you a Clergy? _____ Yes _____ No

Has your Spouse attended an Emmaus/Cursillo Weekend? _____ Yes
 _____ No If so, when and where? _____

Has your Child attended a Chrysalis Weekend?
 _____ Yes _____ No If so, when and where?

FOR OFFICE USE

Date Received: _____

Weekend Attended _____

Check # _____

Paid By _____

Please Print Clearly

Name _____ Nickname _____

Address _____

City/State/Zip _____

Home Phone (____) _____ - _____ Business Phone (____) _____ - _____

Email Address _____

Sex _____ Birth Date _____ Occupation _____

Marital Status _____ Spouse's First Name _____

Are you on any special diet? _____ If so, please specify _____

Do you have any health problems or handicaps that may affect your ability to attend or to participate fully in Weekend activities?
 Please specify _____

(NOTE: Conference Center has a wheelchair lift)

Are you on any kind of medication? _____ Do you smoke? _____ Do you have any sleeping disorders _____
 (This information assists us in making appropriate sleeping assignments)

Name & denomination of church you attend _____

City _____ State _____ Minister's Name _____

What church or community activities are you involved with? _____

Has the Walk to Emmaus been explained to you? _____

Please give a brief, honest statement about why you want to attend a Walk to Emmaus Weekend and anything else about yourself,
 you would like to share: _____

A deposit of \$40 must accompany this application. In the event that it is not possible to assign you to a Weekend, the deposit will be refunded to you if you desire. There will be no other cost to you since the cost of your weekend will be underwritten by individuals who have experienced a Walk to Emmaus weekend and wish to share that experience with others. This is only an application. Notification of acceptance for a Walk to Emmaus weekend is made 4-6 weeks prior to the date of the weekend. You will be notified if accepted for the Weekend. After you have completed this form, give it to your sponsor as soon as possible, and he/she will mail it in. Checks should be made payable to The Eastern Panhandle West Virginia Emmaus.

Signature of Applicant

Name of Sponsor

TO BE FILLED OUT BY SPONSOR

Your Name _____ Address _____

City _____ State _____ Zip _____

Home Phone (_____) _____ - _____ Business Phone (_____) _____ - _____

Email Address _____

Name & denomination of church now attending _____

Do you attend regularly? _____ Where did you make your Walk to Emmaus or other 4th Day Weekend?

_____ When _____ Weekend # _____

Are you now in a Reunion Group / Emmaus Group? _____

DID YOU ATTEND A SPONSOR'S WORKSHOP? _____

Where _____ When _____

Are you Praying & Sacrificing for your Applicant? _____

Have you explained the Walk to Emmaus to your Applicant? _____

Do you receive the Newsletter? _____ How long have you know the Applicant? _____

Why do you feel that this person would make a good candidate? _____

What special dietary/medical needs has your Applicant indicated on the front? _____

After discussing these needs thoroughly with your Applicant, what changes might be necessary to weekend activities, room assignments, food preparation, etc.? _____

Are you willing to accept full responsibility of a Sponsor during pre-Emmaus, the Emmaus Weekend, and post-Emmaus events? _____ Are you prepared to involve your Pilgrim in a reunion (accountability) group? _____

If the Applicant is married, have you discussed the Walk to Emmaus with his/her spouse? _____

Will you: Bring your Candidate to the Emmaus site? _____

Attend the Sponsors' Hour? _____

Care for the needs of your Applicant's family during the weekend? _____

As Sponsor, I have explained to the Clergy of the Applicant about the Walk to Emmaus.

Signature of Sponsor

Signature of Applicant's Minister

