



NORTHERN ILLINOIS EMMAUS
APPLICATION TO ATTEND THE WALK TO EMMAUS

WALK # \_\_\_\_\_
Mo/Yr \_\_\_\_\_

The Walk to Emmaus is a 3-day short course in Christianity sponsored by the Upper Room, an agency of the United Methodist Church. The purpose of the Walk is to renew local church congregations and provide a model for Christian accountability groups. It is intended for established Christians who want a refresher course in the basic tenants of our faith and an opportunity for spiritual development through the sharing of God's grace.

PLEASE ENCLOSE A NON-REFUNDABLE APPLICATION FEE OF \$25.00 THAT WILL BE APPLIED TO THE \$200 FEE, THE BALANCE TO BE PAID AT REGISTRATION. MAKE CHECKS PAYABLE TO: NORTHERN ILLINOIS EMMAUS.

MAIL APPLICATION WITH PAYMENT TO: Northern Illinois Emmaus; P. O. Box 24; Crystal Lake, IL 60039-0024

SECTION 1: TO BE COMPLETED BY APPLICANT (Please print or type)

(If more space is needed, please write on reverse side)

Name: \_\_\_\_\_ Name on Name Tag: \_\_\_\_\_

Address: \_\_\_\_\_ Age: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Children: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ Bus: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Church: \_\_\_\_\_ Church City: \_\_\_\_\_

Pastor: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Do you want your Pastor contacted? Yes [ ] No [ ]

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Religious/Community involvement (activities, studies, teaching, etc): \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Will/has spouse attended a Walk? Yes [ ] No [ ]

If NO to previous question, please explain: \_\_\_\_\_

Have the following been explained to you (and your spouse if married):

Emmaus Weekend? Yes [ ] No [ ] Follow-up? Yes [ ] No [ ] Reunion Group? Yes [ ] No [ ]

Describe any special dietary needs (e.g. diabetes, high blood pressure): \_\_\_\_\_

Describe any health/physical problems that may affect participation: \_\_\_\_\_

Name/telephone number to contact in case of emergency: \_\_\_\_\_ Tel: (\_\_\_\_) \_\_\_\_\_

Briefly state why you decided to apply to attend the Walk: (Use back if needed)

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

SECTION 2: TO BE COMPLETED BY SPONSOR (Please print or type):

Name: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ Bus: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Church/Denomination: \_\_\_\_\_ Do you receive the Emmaus Newsletter? Yes [ ] No [ ]

Your Walk/Cursillo/Flight# \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Location: \_\_\_\_\_

Reunion/Accountability Group: \_\_\_\_\_ How long have you known this person? \_\_\_\_\_

Will you fulfill sponsorship responsibilities? Yes [ ] No [ ] If not, who have you designated? \_\_\_\_\_

Why do you think the Walk to Emmaus is appropriate for your applicant? (Use back if needed)

SIGNATURE OF SPONSOR: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

10-DAY RULE: Applications must be received at least 10 days prior to the weekend.

FOR REGISTRAR'S USE ONLY

Date completed application received: \_\_\_\_/\_\_\_\_/\_\_\_\_ Check # \_\_\_\_\_ Amount: \_\_\_\_\_

Date notification letters sent: Applicant: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sponsor: \_\_\_\_/\_\_\_\_/\_\_\_\_