

Journey

For the development of Christian leaders ages 18-25

Cleveland/Chrysalis Emmaus Community

Reservation Request for "A Walk To Emmaus"

Please Print all information very precisely so it can be easily read!

Registration Use Only			
Acknowledge:	Walk # _____		
Date Received by Registrar:	_____		
Sponsor Fee:	Candidate Fee: _____		
1 st _____	2 nd _____	3 rd _____	

Name: _____ Sex: M ____ F ____
Street Address: _____ Phone: (youth cell-not parents) _____ - _____ - _____
City: _____ State: ____ Zip Code: _____
E-MAIL ADDRESS: _____
Name and Denomination of Church Attending and Activities at Church: _____

Pastor: _____ Your Age: _____ Birthday: _____
School/Job and school/community activities: _____
Has The Walk To Emmaus Been Explained To You? _____
List Friends Who Have Attended the Flight/Walk: _____
Are You On A Special Diet Due to Medical Reasons? If so, state dietary needs _____
Are You On Special Medication? Please List Medications & Allergies _____
Do You Have Any Health Problems/Physical Handicaps That Would Affect Your Weekend? _____
Candidate's Signature: _____ Date: _____

All of the information requested above is necessary for your proper placement in the Emmaus experience. Please be sure to fill in all the blanks. **The Candidate Fee is \$75.00 and will be paid at the registration table immediately prior to departure or can be submitted with this application.** Your fees are refundable in the event you cannot attend. Use the back of this sheet to briefly explain why you wish to become involved in the Emmaus movement and what you expect from your Emmaus Walk.

IN CASE OF AN EMERGENCY, YOUR SPONSOR WILL BE THE INITIAL CONTACT PERSON
To Be Completed By the Sponsor (Please complete all requested information)

The Sponsor Fee is \$75.00 and Must Be Submitted with this application. This fee is refundable or transferable if your candidate can not attend within a three (3) FLIGHT/WALK time-frame from the initial request, or it will be considered a donation to the Cleveland Emmaus Community.

Name: _____ Address: _____
City: _____ State: ____ Zip Code: _____ Phone: (H) OR (C)) _____ - _____ - _____
E-MAIL ADDRESS: _____
Sponsor's Signature: _____ Date: _____

TO BE FILLED OUT BY PARENT OR GUARDIAN: _____ has my permission to attend the Chrysalis weekend. In the event of emergency, the sponsor will be the emergency contact. If parent or sponsor can not be reached by phone, the Chrysalis Staff has my permission to secure the services of a licensed medical profession to provide the care necessary, including anesthesia, for my child's well being.

SIGNATURE OF PARENT/GUARDIAN _____ **PHONE** _____

Mail Application To:

Cleveland Emmaus Community

Attention: Registrars

P.O. Box 5754

Cleveland, TN. 37320-5754