

Emmaus

For the development of Christian leaders

Cleveland 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: (H) ____ - ____ - ____

City: _____ State: ____ Zip Code: _____ Phone: (C) ____ - ____ - ____

E-MAIL ADDRESS: _____

Name and Denomination of Church Attending: _____

Pastor: _____ Your Age: ____ Married: ____ Single: ____ Divorced ____ # Children: ____

Your Employer: _____ Phone: ____ - ____ - ____

Has The Walk To Emmaus Been Explained To You? _____

List Friends Who Have Attended The 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 Or Physical Handicaps That Would Affect Your Weekend? (Please Specify) _____

What Name Would You Like On Your Nametag? _____

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.** 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
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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 fees are refundable or transferable if your candidate can not attend within a three (3) 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: _____

Name, Date & Location of Your Walk (Cursillo): _____

Dates Of Walk Your Candidate Wishes To Attend: _____

Sponsor's Signature: _____ Date: _____

Mail Application To:

**Cleveland Emmaus Community
Attention: Registrars
P.O. Box 5754
Cleveland, TN. 37320-5754**