

www.nashvilleemmaus.org

Please circle choice: ——Weekend

1. Walk Type: Men's Spring Fall
Women's Spring Fall
2. Participant: Laity Clergy

This side to be completed by Applicant

Jame:(first) (middle)	(Last)		(First & Last Name for	your name tag)	
	Email_				
Sity:	State:Zip:	Home Pho	one:()		
Occupation:	Age:	Work Pho	one:()	-	
Present Marital Status (circle one): Single	e Married	Divorced	Widowed	Separated	
ease Note: If married, spouse's application	should be included with	this application.			
n what church and/or community organizations a	are you active?				
Jama of Church you Attends		Donominations			
Name of Church you Attend:					
Address:					
Current Pastor's Name:		Phone	: ()	-	
Current Pastor's Signature:			Date:		
Ias the Walk to Emmaus program and the Emma	aus weekend been explaine	d to you?			
	-		1., 0		
Ias the importance of the "follow-up" programs	(fourth day, group reunion	s, etc) been explaine	d to you?		
Oo you have any health or physical conditions th	at may affect your particip	ation in the Weeken	d? IF YES , plea	se describe:	
are you on a special diet or required medication?	IF YES, please describe:				
	-				
lease state briefly why you wish to become invol	ved in the Walk to Emmau	s Program and what	you expect from	it·	
Teach state offerty will jou wish to become hive	In the ,, and to Emiliate	210gram and wilat	, ou expect from		

All of the above information is necessary for your placement for the Walk to Emmaus. Please fill in **ALL** of the appropriate blanks so that we may properly assist you. We ask for a \$100.00 contribution to offset cost of materials and meals during the weekend. Please send a **non-refundable \$25.00 deposit with this application**. Make your check payable to **Nashville Upper Room Emmaus Community**. Mail the application and check to:



This side to be completed by Sponsor

Please visit us at www.nashvilleemmaus.org

Sponsor's Name:				Email:		
	(first)	(middle)	(Last)			
Address:				Home Phone: ()		
City:		State	:Zip:	Work Phone: ()		
Your church's name:				Denomination:		
Attend Regularly?W	here did you attend	the Walk to Emmaus /	Cursillo / Chrys	salis?		
Walk# & Year	Are you now in a Reunion Group or similar support group?					
Have you FULLY explained	l the Walk to Emmar	us program and the Em	maus weekend	to your applicant?		
If your applicant is <i>married</i> ,	have you FULLY d	iscussed the Walk to E	mmaus with the	spouse?		
Is the spouse also to attend?	Comments t	oy Sponsor:				
Please Note: If married,	spouse's applica	ation should be inc	luded with this	s application.		
Will you pray and sacrifice f	or your applicant:					
Will you bring your applican	it to the Weekend S ϵ	endoff				
Will you arrange for the care	of your applicant's	family during the Weel	kend?			
Will you attend the Sponsor's	s Hour, Candlelight,	and Closing?				
Will you assist your applicar	ıt in establishing a R	eunion Group and/or s	imilar support gi	roup?		
Will you bring your applican	it to the Fourth Day	Meeting and to the firs	t Gathering after	the Weekend?		
Will you help your candidate	e learn about sponso	or duties and responsibi	lities and assist	your candidate with their first sponsorship?		
•	•	NO", please name who	•	vith the fulfillment of these responsibilities. Phone: () -		
To the best of your knowleds						
				ation should be postponed to a later walk?		
Are there any additional circ	umstances concernii	ng this applicant that th	e Team should l	be aware of? IF YES, please explain:		
Sponsor's Signature:				DATE\\		

SPONSOR, Please remember that the Weekend is an intense program of Christian study and spiritual growth, and is not a retreat or a cure-all for persons who may be experiencing temporary problems. Applicants already should be active in their Church and should desire an opportunity to grow in Christ and to enhance their participation in the church. As you have completed these questions, be mindful that the success of your applicant's weekend is enhanced by your prayers and participation in the weekend activities.

Rev 6.3.2021