## Cross Point Emmaus

Walk Number: 119/120 \_\_\_\_\_Men's - April 9-12, 2026 or \_\_\_\_Women's - April 16-19, 2026 (7:00pm Thursday through 6:00pm Sunday)

| TO BE FILLED OUT BY THE CANDIDATE. PLEASE PROVIDE ALL INFOR  | MATION REQUE              | STED. DEADLINE IS MAR        | <u>CH 15, 2026.</u>     |  |  |
|--|---------------------------|------------------------------|-------------------------|--|--|
| Name (First and Last <b>to be on NAME TAG</b> ):   |                           |                              |                         |  |  |
| Address (Street, City, ST Zip):  |                           |                              |                         |  |  |
| Cell/Home Phone:   | I/Home Phone: Work Phone: |                              |                         |  |  |
| Email Address:   |                           |                              |                         |  |  |
| Age (candidate must be at least 19 at time of Walk):   |                           |                              |                         |  |  |
| Marital Status (Married, Single, Divorced, Widow(er), Separate   | ed):                      |                              |                         |  |  |
| Spouse's Name:   |                           | _Phone:                      |                         |  |  |
| Are you on a medical diet or have food allergies? If so, what?_  |                           |                              |                         |  |  |
| Special medication? If so, What?   |                           |                              |                         |  |  |
| Do you have a health problem or mobility limitations that may a lf so, what?   |                           |                              | Emmaus?                 |  |  |
| Will you need: (circle) handicap shower, regular bed (instead of or other?   |                           |                              | move around camp),      |  |  |
| State briefly why you wish to be involved in the Emmaus Com  | munity and wl             | nat you expect:              | ·····                   |  |  |
| Name and Denomination of church you attend:  |                           |                              |                         |  |  |
| In what religious or community organizations are you active? _   | · · · · · · · · · · · · · |                              |                         |  |  |
| Is your spouse committed to attend the Walk to Emmaus?   | If I                      | No, please explain:          |                         |  |  |
| Would your spouse be supportive of you attending the Walk to   | Emmaus?                   |                              |                         |  |  |
| Have the following been explained to you and your spouse?  | You                       | Spouse                       |                         |  |  |
| Walk to Emmaus   |                           |                              |                         |  |  |
| Follow-Up Group Reunion  |                           |                              |                         |  |  |
| Post Emmaus Meetings   |                           |                              |                         |  |  |
| Monthly Gatherings   |                           |                              |                         |  |  |
| Name of sponsor:   | S                         | ponsor's Phone:              |                         |  |  |
| BY SIGNING BELOW, I VERIFY THAT I INTEND TO BE PRESENT FOR TH<br>EVENING).   | IE ENTIRE WAL             | K TO EMMAUS (THURSDAY        | THROUGH SUNDAY          |  |  |
| CANDIDATE'S SIGNATURE:   |                           | Date:                        |                         |  |  |
| Pre-registration deposit of \$125 is required. This will be applied toward of the fee (\$125), after your deposit is made, if funds are available. Please as Make checks payable to: Cross Point Emmaus Community. RETURN YOUR | k your sponsor fo         | or more information. THE DEF | OSIT IS NOT REFUNDABLE. |  |  |
| PASTORAL AGREEMENT – BY SIGNING BELOW, I VERIFY THAT I HAVE<br>OF MY CHURCH.   | MET WITH THE              | CANDIDATE AND THEY A         | RE AN ACTIVE MEMBER     |  |  |
| Pastor's Name:   |                           | Phone:                       |                         |  |  |
| Pastor's Signature:  |                           | Date:                        | REV 01/2025             |  |  |

## **Sponsor's Sheet**

Candidate's Name \_\_\_\_\_ M / F

Walk #

Please fill out this form with the sponsor's information as well as the candidate's application and send to the address listed at the bottom. It is important that **YOU** take care of the process.

| Name:   | Address:            |  |  |
|---|---------------------|--|--|
| City State Zip  | Home Phone: ( )     |  |  |
| Email: Work Phone: ( )  |                     |  |  |
| Name of Church You Attend:  | Denomination:       |  |  |
| Where did you go on your Walk?                                    | When?               |  |  |
| Are you currently in a reunion group? ( ) Yes                     | ) No Name of Group: |  |  |
| Have you sponsored anyone this year?                              | )Yes ()No           |  |  |
| Have you sponsored anyone before?                                 | )Yes ()No           |  |  |
| • Are you praying and sacrificing for your candidate? (           | )Yes ()No           |  |  |
| Are you helping your candidate's spouse?                          | )Yes ()No           |  |  |
| • Will you be there for your candidate during the Walk? (         | )Yes ()No           |  |  |
| Why do you feel this person would be a good candidate for Emmaus? |                     |  |  |

The candidate (is / will be) 19 years of age at the time of the walk. If Candidate is NOT, I understand that I personally as his/her sponsor must appear before the Board to request a waiver and approval (effective 12/3/11).

The candidate ( is / is not ) physically able to participate in the Emmaus Weekend.

The candidate ( is / is not ) mentally able to participate in the Emmaus Weekend.

The candidate (is / is not ) under emotional strain that might indicate his/her weekend should be postponed.

| Specify any special needs your candidate may have (medications/assistive devices): |
|--|
|--|

| Have you talked with your candidate and spouse (if applicable) about Emmaus?                        | (   | ) Yes       | (        | ) No    |
|---|-----|-------------|----------|---------|
| Are you prepared to sacrifice by transporting your candidate to/from the walk and further           | sup | porting the | m by att | ending? |
| ( ) Sponsor's Hour ( ) Saturday Night Candlelight ( ) Closing Service                               | (   | ) Fourth D  | ay Mee   | ting    |
| Do you understand the importance of bringing your pilgrim to the Fourth Day Meeting?                | (   | ) Yes       | (        | ) No    |
| Do you understand the importance of maintaining minimal contact during the weekend?                 | (   | ) Yes       | (        | ) No    |
| Is there anything else about your candidate you would like to share or is important for us to know? |     |             |          |         |
|   |     |             |          |         |

Where can you be reached during the Emmaus weekend? 

Sponsor's Signature:

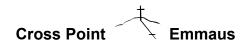
Check if a scholarship is needed:

\_\_\_\_\_ Limited Scholarships available

Date:

If your candidate needs a scholarship, please get in touch with the registrar for a scholarship application or get it from the web site. Scholarships are dependent on availability. The \$125 Deposit is Required and Not a Part of the Scholarship.

| MAIL COMPLETED APPLICATION TO: | OFFICE USE ONLY:    |
|--------------------------------|---------------------|
| Bebe Lodes, Registrar          | Deposit: Date:      |
| 1212 Majestic Hills Rd         | Check #:            |
| Ardmore, OK 73401              | Balance Owed:       |
| 580-504-3859                   | Letters Mailed:     |
|                                | Candidate: Sponsor: |



## **Sponsorship**

The Handbook on Emmaus devotes an entire chapter (3) to Sponsorship and stresses the importance of good sponsorship. The board asks sponsors to read that chapter before pilgrims are committed to a Walk. The Handbook on Emmaus chapter 3 is available on the website at <u>http://www.crosspointemmaus.org/sponsorship.pdf</u>

In considering sponsorship of a pilgrim, we ask that you read the following information and pray for the participant's openness to God's call to discipleship.

- Sponsorship can be unwise or wise. Wise sponsorship is careful, intentional, prayerful, and purposeful because it results from God's leading. The pilgrims are to return to their churches and community renewed in their commitment to be effective disciples.
- The aim of a sponsor should not be "to get all my friends to go," to fill up the weekend, to fix people's problems, or to reproduce one's own religious experience in others. The aim of the sponsor is to bring spiritual revitalization to Christians who will, in turn, bring new life and vision to the work of the church in the congregation, home, workplace, and community. The aim of sponsorship is to build up the body of Christ.
- If God is leading you to sponsorship, invite the participant to take part in the Cross Point Walk to Emmaus for the sake of a more vital relationship with Jesus Christ. Ask the participant to make a commitment by filling out a registration form. If the participant is married, the sponsor will speak with both spouses and encourage an equal commitment by each. If only one spouse is committed to attending, they are required to sit out one Walk for prayer to continue that there will be an equal commitment.

If you would like more information, these excerpts were taken from The Upper Room website at <u>http://www.upperroom.org/emmaus/invitation</u> from "Invitation to the Journey: SPONSORSHIP".