

# Emmaus

*For the development of Christian leaders*

## Cleveland Emmaus Community Reservation Request For "A Walk To Emmaus"

<i>Registration Use Only</i>	
Acknowledge _____	_____
Date Received by Registrar _____	_____
Sponsor Fee _____	Candidate Fee _____

Please Print Clearly:

Name: \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name and Denomination of Church Attending: \_\_\_\_\_

Pastor: \_\_\_\_\_ Your Age: \_\_\_\_\_ Married: \_\_\_ Single: \_\_\_ Divorced \_\_\_ # of Children: \_\_\_\_\_

Your Employer: \_\_\_\_\_ Phone: \_\_\_\_\_ Number Of Years Of Formal Education: \_\_\_\_\_

To What Religious or Community Organizations Do You Belong: \_\_\_\_\_

\_\_\_\_\_

Has The Walk To Emmaus Been Explained To You? \_\_\_\_\_

List Friends Who Have Attended The Walk: \_\_\_\_\_

Are You On A Special Diet? \_\_\_\_\_ If So, List Needs Of Diet: \_\_\_\_\_

Are You On Special Medication? \_\_\_\_\_

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 cost is \$50.00 and will be paid at the registration table immediately prior to departure or it may be submitted with this application.** Your fees are refundable in the event you can not 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.

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**To Be Completed By The Sponsor (Please complete all requested information). The Sponsor Fee Is \$50.00 and Must Be Submitted with this application.** This fee is refundable or transferable if your candidate can not attend (with limitations).

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Church Attending: \_\_\_\_\_

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**