



# Emmaus of Southeast Michigan



## Request for Reservation for a Walk to Emmaus

Return this Request for Reservation for a Walk to Emmaus with your pre-registration deposit to your Sponsor.

All information is necessary for proper placement on a Walk to Emmaus. Please type or print legibly, filling in all information.

To be filled in by candidate (please use back if you need additional space):

Date (mm/dd/yy): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      Walk Location: \_\_\_\_\_  
 Sponsor's Name: \_\_\_\_\_      Sponsor's Phone: \_\_\_\_\_  
 Name: \_\_\_\_\_      Name tag Name: \_\_\_\_\_  
 Address: \_\_\_\_\_      City, State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home phone: \_\_\_\_\_      Other phone: \_\_\_\_\_ (Circle one) ..... work.. cell  
 Birth Date (mm/dd/yy): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      Gender: (Circle one) ..... Male ..... Female  
 E-mail address: \_\_\_\_\_  
 (Please Print **VERY** Clearly)  
 Occupation: \_\_\_\_\_      Company Name: \_\_\_\_\_  
 Marital Status: (Circle one) ..... Married ..... Single ..... Divorced ..... Widowed ..... Separated  
 Education: (Circle one) ..... High School ..... College ..... Other (please specify): \_\_\_\_\_  
 Church attending: \_\_\_\_\_      Pastor's name: \_\_\_\_\_  
 What religious or community organizations are you active in? \_\_\_\_\_

Has the "Walk to Emmaus" been explained to you? ..... (Circle one)..... Yes ..... No  
 Have the follow-up programs for the Post-Emmaus meetings been explained to you? ..... (Circle one)..... Yes ..... No  
 State briefly why you wish to be involved in the Emmaus Community and what you expect from it. \_\_\_\_\_

Are you on a special diet? If so, what?	Are you on medication? If so, what?

Do you have a health issue or physical handicap that may affect your attendance at a "Walk to Emmaus"?..... (Circle one)..... Yes ..... No  
 If yes, please specify: \_\_\_\_\_

It is my understanding that if my health status at the time of the "Walk" interferes with normal, everyday activities; I will consult with my sponsor before attending.

### Candidate's Signature:

All the above information is necessary for your proper placement in a "Walk to Emmaus". Please fill in all the blanks. Please enclose a **non-refundable, non-transferable** pre-registration deposit of \$25.00. This will be applied toward your contribution of \$100.00 which partially offsets the expense of your weekend. Make your check payable to "Emmaus of Southeastern Michigan."

**Office Use Only:** \_\_\_\_\_  
 Date Received: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Deposit Amount: \_\_\_\_\_  
 Check Number: \_\_\_\_\_  
 Any questions concerning your participation please contact registration@emmaussem.org

# Emmaus of Southeast Michigan

To fulfill your obligations as a Sponsor it is **required** that you do not work the same walk your pilgrim attends.

**Attach this form to the Candidate's Request for Reservation and mail with deposit to:**

William E. Maxwell - Registrar  
 PO Box 701968  
 Plymouth, MI 48170  
 734-323-9760  
 registration@emsem.org

**To be filled in completely by the sponsor:**

**Please type or print legibly, filling in all information.**

**If you have any questions concerning your pilgrim's participation please contact the registrar.**

Pilgrim's Name: \_\_\_\_\_ Pilgrim's Phone: \_\_\_\_\_  
 Sponsor Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 City, State: \_\_\_\_\_ Zip: \_\_\_\_\_ Church attending: \_\_\_\_\_  
 E-mail address: \_\_\_\_\_  
(Please Print **VERY** Clearly)

Where and when did you make your Emmaus Walk / Walk # / other 3-Day Weekend? \_\_\_\_\_

Are you praying and sacrificing for your pilgrim? .. (Circle one) .. Yes.... No    Are you now in a Reunion Group? ..... (Circle one) ..Yes . No

Will you commit to pray for the pilgrims and the team during the 76 Hour Prayer Vigil by calling for a Prayer Vigil time as outlined in the Sponsor's Checklist? ..... (Circle one) .. Yes.... No    Date / Time: \_\_\_\_\_ (Circle one) .. am .. pm  
( 1 hour increments from Thursday 5 pm to Sunday 8 pm )

How long have you known the candidate? \_\_\_\_\_ Why do you feel this person would be a good pilgrim? \_\_\_\_\_

	Yes	No	Not Applicable
I am able and willing to assist my pilgrim in getting into a Reunion Group			
I have discussed the Walk to Emmaus with my candidate's spouse			
I <b>will</b> bring my pilgrim to the Emmaus site			
I <b>will</b> attend Sponsor's Hour			
I <b>will</b> attend Candlelight			
I <b>will</b> attend Closing			
I can care for the needs of my pilgrim's spouse and family over the weekend			
I have explained the post-weekend reunion to my candidate			
I am aware of the importance of minimal contact with my pilgrim during the weekend, (especially if the pilgrim is my spouse)			
My candidate has the physical and mental health for a Walk to Emmaus weekend			
My candidate is not under any temporary emotional strain that might indicate his/her weekend should be in any way delayed or postponed			
I understand that if my pilgrim has a serious illness, injury, or surgery prior to their scheduled walk that I must contact the registrar as soon as possible.			
I understand that both husband and wife's applications should be submitted together. A note of explanation is enclosed with this application if only one is being submitted.			

**Sponsor Signature:** \_\_\_\_\_ **Pastor Signature:** \_\_\_\_\_

All the above information is necessary for your proper placement in a "Walk to Emmaus". Please fill in all the blanks. Please enclose a **non-refundable, non-transferable** pre-registration deposit of \$25.00. This will be applied toward your contribution of \$100.00 which partially offsets the expense of your weekend. Make your check payable to "Emmaus of Southeastern Michigan."