



**LEXINGTON WALK TO EMMAUS  
REQUEST FOR RESERVATION**

Dear Sponsor:

As you know, the *Walk to Emmaus* is a three-day experience of renewal, learning and sharing in an atmosphere of Christian community. It is a different experience for each individual. It is not designed for the solution of deep-seated personal problems, but to help mature persons work toward a Christian way of life with community support. Husbands and wives are invited as a couple and should make a joint commitment to attend. Husbands usually attend first. If you have not discussed the Emmaus weekend with both spouses, the Board may ask that you wait to send one spouse until you have had the opportunity to encourage both spouses to attend. No spouse will be restricted from attending the Walk because their spouse will not commit to attend but an earnest effort must be made to offer the Emmaus experience to both spouses. Each person must submit a separate application, and married couples are requested to turn in both applications at the same time even if they will be attending a separate set of walks. Please complete **ALL** sections!

**All** information is necessary for proper placement in a *Walk to Emmaus*. **Please be sure you and your pilgrim fill in all the blanks.** The cost of the *Walk to Emmaus* weekend is \$150.00 per person. We require a \$50.00 registration deposit (nonrefundable), which should be sent in with the completed application. The remaining amount will be collected at the Registrar's table upon arrival at the weekend site. Please make checks payable to LEXINGTON EMMAUS COMMUNITY. A limited number of partial scholarships are available. If your pilgrim would like to be considered for a scholarship, please include an "Application for Scholarship" with the application. All scholarship applications must be received by the Registrar with the corresponding walk application.

This form is an application and its submittal does not guarantee acceptance. Your pilgrim may be placed on a waiting list since there are a limited number of spaces available on each weekend. Early applicants will be notified of acceptance by letter six weeks prior to the *Walk to Emmaus* weekend. Later applications will be processed as quickly as possible. **Registrations received less than three weeks before any Walk will not be processed until the following set of Walks.**

Sponsoring a candidate is both a joy and a responsibility. There are things you must do for your candidate before, during and after the weekend. Remember, the *Walk to Emmaus* is not structured to solve deep-seated personal problems. It is designed to provide those attending a personal encounter with Jesus Christ. If you have any further questions about sponsorship or registration procedures for the Lexington Community please contact the Registrar or any Board member.

This signed and dated cover page must be returned with the completed registration form and deposit. Your signature indicates you have read the above requirements and are committed to responsible sponsorship of your pilgrim.

Sponsor's Signature \_\_\_\_\_ Pilgrim's Name: \_\_\_\_\_

Date: \_\_\_\_\_

**TO BE FILLED OUT BY THE SPONSOR**

(Please fill in all sections and blanks!)

Candidate's Name \_\_\_\_\_

Your Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: Home (\_\_\_\_\_) \_\_\_\_\_ Work  
(\_\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Name and Denomination of church now attending \_\_\_\_\_

Where was your *Walk to Emmaus/Cursillo*? \_\_\_\_\_

When? \_\_\_\_\_ *Emmaus/Cursillo* # \_\_\_\_\_ Reunion Group (y/n) \_\_\_\_\_

Group Name? \_\_\_\_\_ Are you praying for the candidate? \_\_\_\_\_

Have you signed up for the 72 hour Prayer Vigil? \_\_\_\_\_

Will you clear your weekend and attend the community events? \_\_\_\_\_

Are you serving and sacrificing for your candidate's weekend? \_\_\_\_\_

Agape? \_\_\_\_\_ Kitchen? \_\_\_\_\_ Team? \_\_\_\_\_ Other? \_\_\_\_\_

Why do you feel this person is a good candidate? \_\_\_\_\_

\_\_\_\_\_

Are you able and willing to assist the candidate get into a reunion group? \_\_\_\_\_

Have you explained the gathering? \_\_\_\_\_ Will you accompany the candidate? \_\_\_\_\_

If the candidate is a married person, have you discussed the *Walk to Emmaus* with the spouse? \_\_\_\_\_

Have both spouses committed to attend? \_\_\_\_\_ (If not, please use the comment section below to explain any special reason for considering the candidate's application.)

Will you bring your candidate to the *Walk to Emmaus*? \_\_\_\_\_

Can you care for the needs of your candidate's spouse and family over the weekend? \_\_\_\_\_

Are you aware of the importance of minimal contact with your candidate during the weekend, especially if the candidate is your spouse? \_\_\_\_\_

Sponsor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Mail to: Lexington Emmaus Community  
Attn: Registrar  
P.O. Box 23554  
Lexington, KY 40523-3554

ADDITIONAL COMMENTS FROM SPONSOR

**LEXINGTON EMMAUS COMMUNITY**

**P. O. BOX 23554  
LEXINGTON, KY 40523-3554**

PLEASE INDICATE CHOICE

Men's Walk (date) \_\_\_\_\_ Women's Walk (date) \_\_\_\_\_

To insure your reservation we require a \$50.00 non-refundable registration deposit.  
Return this completed form and your deposit to your Sponsor

**TO BE FILLED OUT BY THE CANDIDATE**

NAME \_\_\_\_\_ PREFERRED NAME (for name tag) \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE (\_\_\_\_\_) \_\_\_\_\_ WORK PHONE(\_\_\_\_\_) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

SEX (M or F): \_\_\_\_\_ AGE: \_\_\_\_\_ Married/Single: \_\_\_\_\_ Minister / Sem. Student?: \_\_\_\_\_

NAMES/AGES OF CHILDREN \_\_\_\_\_

OCCUPATION \_\_\_\_\_ EMPLOYER \_\_\_\_\_

CHURCH AND DENOMINATION \_\_\_\_\_

PASTOR'S NAME \_\_\_\_\_ CHURCH PHONE (\_\_\_\_\_) \_\_\_\_\_

PASTOR'S ADDRESS \_\_\_\_\_

What other Christian or community organizations are you now active in? \_\_\_\_\_

Has the *Walk to Emmaus* been explained to you? \_\_\_\_\_

Has the follow-up program of group reunions and gatherings been explained to you? \_\_\_\_\_

Are you on a special diet? \_\_\_\_\_ Please explain if "Yes" \_\_\_\_\_

Are you on medication that must be taken at specific times throughout the day? \_\_\_\_\_

The Walk to Emmaus is not physically demanding, but there is some walking involved (to meals and chapel). Will you require assistance during these times (specifically a ride to/from these locations)?

There is a large part of the weekend where you will be in a conference room sitting and looking at different types of visual presentations. Do you have any vision or hearing difficulties that would require you to sit close to the speaker? Are you unable to sit for extended periods of time? Please explain yes answers by describing how we can best accommodate your needs: \_\_\_\_\_

State briefly why you wish to participate in the *Walk to Emmaus* and what you expect to receive from it.

Your Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE:**

**DATE REC'D      AMT REC'D      CHECK NO.      NAME ON CHECK**

\_\_\_\_\_