

Spring Walk _____ Fall Walk _____

Men's Weekend _____ Women's Weekend _____

Walk to Emmaus Reservation Request
Quad Cities Community of the Walk to Emmaus
P.O. Box 30, Silvis, IL 61282

CANDIDATE INFORMATION

Last Name: _____ Address: _____

First Name: _____ City: _____

Preference for a name tag: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Age: _____ Marital Status: Married _____ Single _____ Divorced _____ Widowed _____ Separated _____

Spouse Name: _____ Spouse Walk #: _____

CHURCH INFORMATION

Denomination: _____ Church Name: _____

Pastor's Name: _____ Location: _____

ACTIVITIES & ORGANIZATIONS

In what religious or community organizations are you active?

PERSONAL INFORMATION

Quad Cities Walk to Emmaus & it's Host Location "Camp Summit" are a smoke in designated areas.

Has the Walk to Emmaus been explained to you, as well as follow-up? Yes _____ No _____

And post Walk opportunities and meetings? Yes _____ No _____

Do you have special dietary needs, medications, physical limitations? *(We will try to accommodate)*

Dietary Needs: _____

Medications: _____

Physical Limitations: _____

State briefly why you wish to be involved in the Emmaus Community and what you expect from the weekend:

Signature: _____ Date: _____

Sponsor's Name: _____ Walk Date Preferred: _____

Return this application with the non-refundable \$50 deposit to your sponsor who will complete the sponsor information and submit the application for you. (The total weekend cost is \$150.) Space is limited – if the weekend you preferred is filled, you will be on the waiting list for the next weekend. Make check payable to: Quad Cities Walk to Emmaus Community.

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SPONSORS INFORMATION

Sponsor's Name: _____ Address: _____

Walk or Cursillo #: _____ City: _____

Walk or Cursillo Date: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Are you in a reunion group? Yes _____ No _____ Would you like to be? Yes _____ No _____

Pilgrim's Name: _____

Why do you feel your candidate would be a good participant at this time? _____

Please share any information that would assist the walk leadership in better meeting the needs of your candidate (health/physical limits/special diet/emotional):

SPONSOR CHECKLIST

- ☐ Discuss the Walk with candidate & spouse – explain equal commitment
- ☐ Pray & sacrifice for candidate
- ☐ Obtain agape letters
- ☐ Bring candidate to the Walk site or arrange for same
- ☐ Attend to the needs of the candidate's family if needed
- ☐ Assist in getting your pilgrim into a Reunion Group
- ☐ Attend the Sponsor's Hour, Candlelight and Closing or arrange for a stand-in

Please submit the completed registration form to the registrar or mail to: Quad Cities Walk to Emmaus Community, P.O. Box 30, Silvis, IL 61282.

Note: Husband and wife applications should be submitted at the same time. Any exceptions to equal commitment will be at the prayerful discretion of the Spiritual Director and the Board of Director's Executive Committee.

Sponsor's Signature: _____ Date: _____