TO BE COMPLETED BY THE SPONSOR(S):
The sponsor(s) are responsible for many aspects of a successful weekend for the candidate. You are to pray for and be in prayer with your candidate, answer their questions, **arrange for payment of weekend expenses($275)**, provide transportation to and from the weekend and help the candidate become a full participant in the Emmaus community Please help your candidate understand the importance of the weekend and being involved in their church and Emmaus community activities after the weekend. **Reminder to potential sponsors: if you are sponsoring a candidate within one year of your own candidate weekend, or if you have not attended a sponsor workshop in the past 2 years, it is necessary to have a co-sponsor who has fulfilled the requirement. If not, the application must be returned.**

SPONSOR(S) INFORMATION:

_____ _____ MONTH_____/YEAR_____
FIRST NAME (IF COUPLE, PUT BOTH NAMES) LAST NAME DATE OF SPONSOR TRAINING

_____ MONTH_____/YEAR_____
HOME ADDRESS - STREET/BOX/APT. DATE OF YOUR WALK(S)

_____ _____
CITY STATE ZIP CODE EMAIL ADDRESS

_____ _____ _____
CHURCH NAME (INCLUDE DENOMINATION) CITY STATE HOME PHONE BUSINESS PHONE

ACCountability Groups: Reunion Group - Yes/No Attending Bible Study - Yes/No
Prayer Breakfast - Yes/No Other Group - Yes/No

How long have you known the candidate? _____
Explain why you believe this person is a good candidate for The Walk? _____
_____
_____

TO ALL SPONSORS & CO-SPONSORS – Have you reviewed the ten steps of Sponsoring? Y / N Co-Sponsors Y / N
Does the candidate have the physical mental and emotional health for a walk? Y / N
Have you made financial arrangement to cover the costs of the candidates' weekend? Y / N

_____ _____
SIGNATURE OF SPONSOR SIGNATURE OF CO-SPONSOR

TO BE COMPLETED BY CO-SPONSOR(S): MONTH_____/YEAR_____
DATE OF SPONSOR TRAINING

_____ MONTH_____/YEAR_____
FIRST NAME (IF COUPLE, PUT BOTH NAMES) LAST NAME DATE OF YOUR WALK(S)

_____ _____
HOME ADDRESS - STREET/BOX/APT. CHURCH

_____ _____
CITY STATE ZIP CODE EMAIL ADDRESS

_____ _____
HOME TELEPHONE BUSINESS TELEPHONE

Accountability Groups: Reunion Group - Yes/No Attending Bible Study - Yes/No
Prayer Breakfast - Yes/No Other Group - Yes/No

How long have you know the candidate? _____

SEND COMPLETED APPLICATIONS TO:

Kristi LaClair
4838 Egypt Rd
Cambridge, MD 21613

Any questions, please call: 443-235-5825
E-Mail: klaclair56@gmail.com

FOR REGISTRAR'S USE ONLY
DATE RECEIVED _____ INVITATION SENT_____ CONFIRMED_____ ATTENDED _____
MONEY RECEIVED _____ DATE RECEIVED_____ AMOUNT_____ CHECK NO. _____

Form Rev. 05/11

CHESAPEAKE WALK TO EMMAUS
REQUEST FOR RESERVATION

DEAR CANDIDATE:

We are pleased, that the Lord has led you to apply to attend a weekend "***Walk to Emmaus***". You may still have many questions, and you should discuss these with your sponsor. The candidates' portion of this form needs to be completed and returned to your sponsor, who will complete their portion and forward the completed document to the Registrar. Please remember that applications are prayerfully considered in the order they are received, so please submit your application as far in advance of the weekend as possible. If you are invited to attend the weekend, you will receive a written confirmation. A waiting lists often occurs and if the first weekend you apply for is full, then you will be given priority on a subsequent weekend. If you are married, we strongly encourage your spouse to make an equal commitment to go on a *Walk*. This will allow you to share this experience together and grow in your faith as one in the Lord. Additionally you will need to discuss the financial responsibility for the weekend with your sponsor. Fees are payable prior to the weekend, after you accept the invitation to attend the weekend.

TO BE COMPLETED BY CANDIDATE:

_____
APPLICATION DATE

_____ _____ _____
FIRST NAME NICK NAME LAST NAME Preferred Phone Alternative Phone

_____ _____
HOME ADDRESS - STREET / BOX / APT. E-MAIL ADDRESS

_____ _____
HOME ADDRESS - CITY, STATE, ZIP CODE DATE OF BIRTH / AGE

_____ _____
EMPLOYER / BUSINESS NAME OCCUPATION

_____ _____
BUSINESS ADDRESS BUSINESS TELEPHONE

_____ _____
CHURCH NAME (INCLUDE DENOMINATION) City, State PASTOR

_____ **Spouse** (if any)_____
MARITAL STATUS FIRST NAME INT. LAST NAME

Has Your Spouse or Child Attended a Weekend? Y / N if Yes, Name:_____

When? Month _____ \ Year_____

Has Your Spouse Submitted an Application ? Y / N

Special Considerations - (if yes, please provide additional information below and also advise your sponsor)
Are You on a Special Diet? Y / N Are You on Special Medications? Y / N
Do You Have Any Limitations That May Require Special Preparations? Y / N

_____
_____
_____

Have You Read the Emmaus Brochure? Y / N

Please State Briefly Why You Wish to Attend An Emmaus Weekend and What You Expect From It?

_____
_____

_____
SIGNATURE OF CANDIDATE