

Cedar Rapids Walk to Emmaus Registration Form

The Walk to Emmaus is a highly structured three-day experience that is designed to strengthen and renew the faith of Christian people, and through them their families, congregations, and the world in which they live. Emmaus is open to members of any denomination.

Information to be completed by PILGRIM

Name: _____ Date of Birth: _____ Gender: M F
Name for Name Tag: _____ Primary Phone: (____) _____ - _____
Address: _____ Other Phone: (____) _____ - _____
City: _____ State: _____ Zip: _____
Current Marital Status: Single Married Widowed Divorced Separated
E-mail: _____
Spouse's Name: _____ Spouse's Walk Info: _____
If given the opportunity, I would be able to attend a Walk on short notice. Y N Location & Walk # _____

Work Information

Occupation: _____ Company: _____

Church Information

Current Home Church: _____ Pastor's Name: _____
Church Address: _____ Do you regularly attend worship services? Y N
In what religious/community organizations are you currently active? _____

Special Needs for Walk Weekend

– List those things that may require special consideration during the weekend

Dietary (i.e. vegetarian, allergies to food, diabetic) Explain: _____

Medical (i.e. medication that will need to be administered during the weekend, allergies to mold, etc) Explain: _____

Instructions: Name of medication: _____ Time(s) to administer: _____
Taken with: _____ Additional info: _____

Mobility (i.e. trouble with stairs, standing, sitting, sleeping requirements) Explain: _____

Has the Walk to Emmaus been explained to you? Y N

Briefly state below why you want to attend the Walk to Emmaus and what you expect from it: _____

Select the Walk you wish to attend:

Men's Walks

Women's Walks

Note: Placement is made on a first-come basis and using Emmaus guidelines. Every attempt will be made to accommodate your selection, but it is not guaranteed.

2011-12 location: Walks will be held at Camp Io-Dis-E-Ca, Solon, IA

#149 Oct 20-23, 2011

#150 Nov 3-6, 2011

#151 Mar 22-25, 2012

#152 Apr 12-15, 2012

#153 Oct 25-28, 2012

#154 Nov 8-11, 2012

Signature _____

Date _____

Include a \$125.00 check made payable to **Cedar Rapids Emmaus Community**. Should you cancel your application, please consider this deposit as a contribution to the Emmaus ministry. Return this completed form and check to your sponsor. Your sponsor will complete the reverse side and forward it to the registrar. **Application will be returned if payment not included with registration**

Information to be completed by Sponsor

Sponsor's Name: _____ Is this new contact information: Y N
Address: _____ Home Phone: (____) _____ - _____
City: _____ State: _____ ZIP: _____ - _____ Cell Phone: (____) _____ - _____
E-mail: _____ Work Phone: (____) _____ - _____

Sponsor's Walk Information

Location: _____ Date: _____
Walk #: _____

Church Information

Current Home Church: _____ Do you regularly attend worship services? Y N
Church Address: _____ Are you active in you local church? Y N

Sponsorship Responsibility:

Reunion Group:

Are you currently part of a Reunion Group? Y N Name? _____
Will you help your pilgrim get into a Reunion Group? Y N _____

Sponsorship:

Have you read and do you understand your duties as a sponsor as described in the Fourth Day booklet? Y N
Will you accompany your pilgrim to and from the weekend? Y N
If not, who will be responsible? _____
Will you attend the events that are in support of the pilgrim? Y N
Have you been praying for your pilgrim? Y N
Are you aware of the importance of minimal contact with the pilgrim during the weekend? Y N

Pilgrim's Spouse: (if applicable)

Has his/her spouse already been on a Walk? Y N
When? _____ Location? _____
If not, have you discussed the Walk with them and will they be attending? Y N
Is the spouse's registration form enclosed or already sent in? Y N
Is their spouse supportive of this pilgrim's participation? Y N

Information about your Pilgrim

Pilgrim's Name: _____ Relationship to Pilgrim? _____ Years known? _____
Why do you think this pilgrim is a good candidate for the Walk to Emmaus? What benefit do you see for him/her and the local church?

Please list anything that we need to know to help this pilgrim on the weekend? (if none, indicate "none")

Does your pilgrim seem to have the physical and mental health appropriate for the Walk weekend? Y N
Is the new pilgrim under any strain that might indicate that participation should be postponed? Y N

Remember that the Walk to Emmaus is not structured to solve deep-seated personal or emotional problems. It is designed to provide those attending the opportunity to deepen their faith and experience Jesus Christ in a personal way.

Signature _____

Date _____

**Sponsor – Before you return this form please verify that the Pilgrim information is accurate and legible.
Return registration forms to: Cedar Rapids Emmaus Community, PO Box 8593, Cedar Rapids, IA 52408-8593**