

Mid-Michigan Emmaus

Pilgrim Request for Reservation

Applicant Information

To be completed by person who will attend walk. Please give all information; incomplete applications may be returned.

Name: _____ As preferred on name tag: _____

Address: _____
Street City State Zip+4

Telephone [Personal] _____ [Work] _____ Birth Date: _____

E-mail: _____ Male Female Clergy Lay

Marital Status: Married Single Widowed Divorced Separated

Has spouse attended Walk to Emmaus? Yes No If no, has spouse registered for Walk to Emmaus? Yes No

Number of children: _____ Occupation: _____

Emergency Contact: _____ Relationship _____ Phone _____

Church now attending: _____
Name Denomination Street City State Zip

Pastor's name: _____ Phone Number _____

Emmaus is designed for Christians actively involved in a local church. Please list religious activities and/or community organizations and in which you are or have been active: _____

Do you have a health problem, condition or special need that could affect your attendance on a walk? Yes No
If yes, please provide details (e.g., disability, food or other allergy, dietary restriction, medication(s), specific time(s)/dose for medication and/or food, etc.): _____

Insurance Co. _____ Insurance # _____

Doctor's Name _____ Phone _____

Has the Walk to Emmaus program been explained to you? Yes No

Has the follow-up program of Emmaus groups and the post-walk meeting been explained to you? Yes No

State briefly why you wish to be involved in Walk to Emmaus and what you expect from this weekend. _____

PLEASE NOTE: Your cost for Walk to Emmaus is \$80.00. A deposit of \$30.00 is required to reserve your place. The deposit is nonrefundable and will be applied to your cost. **Please make checks payable to Mid-Michigan Emmaus Community.** Please return your application and deposit to your sponsor as soon as possible.

Sponsor's Name: _____

Address: _____

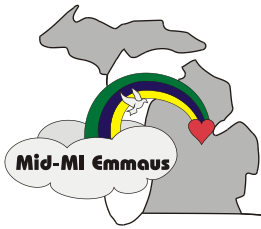
Sponsor's Phone: () _____

In the event I suffer a medical emergency and I am rendered unable to authorize medical treatment for myself while at the "Walk to Emmaus," I hereby authorize "Walk to Emmaus" to call 911 or other medical emergency service on my behalf and/or to transport me to a medical center or hospital. I also authorize any qualified medical person, including but not limited to a paramedic, nurse or physician to provide and perform any and all medical treatment which is necessary for my well-being.

Office Use Only	
Date received	_____
Deposit	_____
Check #	_____

Applicant's Signature _____ Date _____

Mid-Michigan Emmaus/Chrysalis Registrar
Lisa Lagalo, 920 W. Walnut St., St. Charles, MI 48655
lagalolisa@att.net Phone-989-780-1339



Sponsor Commitment Form

Date: _____

Sponsor Information

Name: _____

Address: _____
Street City State Zip+4

Phone: () _____ E-mail address: _____

Church _____
Name Denomination Street City State Zip+4

Type of weekend you attended: Emmaus Chrysalis Via de Cristo Other (specify) _____

Weekend Community: _____ Weekend Date: _____ Weekend #: _____

Weekend Location: _____ Are you in a regular reunion group? Yes No

Applicant's Name: _____

Write a brief paragraph explaining why you feel this person is open to God's call to discipleship using the criteria of **church leaders** (pastors and lay persons), **dependable church members**, **less active members** who need their awareness of grace rekindled and their commitments renewed, **Christians** who are hungry for something more, **members and leaders** who represent a cross section of the church, or **respected lay persons and clergy persons** whose participation, support and leadership will encourage others to take a Walk to Emmaus. (Continue of back if needed.)

Commitment Checklist for Sponsors

- Are you praying for your applicant?
- Have you encouraged the person, if married, to go with the spouse to the same set of walks?
- Has the Walk to Emmaus been explained to the married couple?
- Have you explained the post-walk gathering and provided the proper date?
- Will you assist your pilgrim in joining an Emmaus reunion group?
- Will you bring your pilgrim to the site for the weekend?
- Will you attend the candlelight service on Saturday evening?
- Will you attend the closing ceremony on Sunday afternoon?
- Can you care for the needs of your pilgrim's family during the weekend?
- Will you participate in the 76-hour prayer vigil?

Time and day you would be willing to commit to pray. (Prayer vigil coordinator will call to confirm.)

_____ a.m. _____ p.m. Thursday Friday Saturday Sunday

Because of the responsibilities of sponsorship, we encourage you to sponsor only one or two pilgrims on each walk.

Please include this form with the applicant's Request for Reservation form and nonrefundable \$30 deposit. (Ensure checks are payable to "Mid-Michigan Emmaus Community.") Incomplete forms may be returned, causing a delay in registration. Send to the registrar:

Mid-MichiganEmmaus/Chrysalis Registrar
Lisa Lagalo
920 W. Walnut St
St. Charles Mi 48655
lagalolisa@att.net Phone: 989-780-1339