



L.O.V.E. Emmaus Community

Limestone-Ohio Valley Emmaus Community

Walk to Emmaus - Registration Form

Please complete the information below so we can meet your needs on the Walk to Emmaus weekend. All information will be kept confidential. UPON COMPLETION PLEASE RETURN THIS FORM TO YOUR SPONSOR.

Name _____ Name/Nickname (for name tag) _____

Address _____ Check One: Male Female Age _____

City _____ State _____ Zip _____ Phone (_____) _____

Check One: Married Single Divorced Widowed Separated

E-mail address: _____

Spouse's Name _____ Number of Children _____

Your occupation _____ Business Phone (_____) _____

Name of close friend other than your sponsor _____ Phone of close friend (_____) _____

Name and denomination of church you attend _____

Pastor's name _____ Address _____

Has the Walk to Emmaus been explained to you? _____ **IF NOT, ASK YOUR SPONSOR!**

Has the opportunity for fellowship following the Walk been explained? (Share groups, Monthly gatherings) _____

Are you on a special diet? _____ If yes, what type? _____

Do you have a physical limitation or health problems that may affect your full participation on the weekend? _____
If yes, please explain _____

Are you on any kind of medication? _____ Do you smoke? _____ Do you have allergies to food or smoke? _____

(NOTE: If you have any medical condition or take medications that medical personnel would need to know in case of emergency please fill out the emergency medical form, seal it in an envelope with your name and give it to the registrar when you sign in. It will be returned unopened on Sunday, unless needed.)

State briefly why you want to be involved in the Walk to Emmaus? _____

Signature _____ Date: _____

Please enclose a deposit of \$15.00 to be applied to the total of \$75.00. You can make the check to LOVE Community. The deposit is non-refundable, but may be transferred to another Emmaus weekend. **GIVE THIS FORM TO YOUR SPONSOR TO COMPLETE.**

Following are the dates of upcoming Walks. The Walks will be held at Ruggles Campground near Tollesboro, KY.

Check the date you would like to attend.

Men's Walk #29: May 4 – 7, 2017

Women's Walk #34: June 1 – 4, 2017

Men's Walk #30: September 7 – 10, 2017

Women's Walk #35: October 5 – 8, 2017

****Note: The registrar must have this form completed with the \$15.00**

deposit before the pilgrim will be added to the walk list.



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SPONSORS: Please read this section before giving the Registration Form to the prospective pilgrim.

We are counting on you to understand and fulfill the responsibilities of a Sponsor. These include:

AWARENESS AND SENSITIVITY - sponsor only those you know well enough to assess their spiritual, physical, and emotional readiness for the Walk.

PREPARATION - you are to inform the pilgrim (and spouse) of the nature and schedule of the Walk and the opportunity for ongoing Emmaus participation, share groups and gatherings. REMEMBER, NO SECRETS, ONLY SURPRISES.

SUPPORT - you are asked to support your pilgrim with transportation to and from the Walk, prayer vigil during the Walk, personal agape, attendance at Sponsor's Hour, Candlelight and Closing, escort to their first monthly gathering and assistance in finding a sharing group. Help with family needs during the weekend if so desired. Commit yourself to minimal contact with your pilgrim on the Walk, especially if it is your spouse.

PLEASE DO NOT AGREE TO SPONSOR ANY PILGRIM IF YOU CANNOT COMPLETELY FULFILL THESE RESPONSIBILITIES.

INFORMATION TO BE COMPLETED BY SPONSOR

Sponsor Name _____ Address _____

City _____ State _____ Zip _____ Phone (_____) _____

E-mail address: _____ How long have you known the pilgrim? _____

Where did you attend Emmaus/Chrysalis/Cursillo? _____

When _____ Walk # _____ Name/Denomination of your church _____

Are you in a share group? _____ Do you receive a newsletter? _____

Have you served as a sponsor before? _____ If so, in the past six months? _____

Specific ways the pilgrim demonstrates Christian leadership: _____

How do you think the pilgrim will benefit from the weekend? _____

Additional comments that may be helpful: _____

Mail registration form to:

Joe Chirco, Registrar
4557 Bardwell Buford Road
Mt. Orab, OH 45154