

Southwest Texas Conference Walk to Emmaus

Request for Reservation

Please Type or Print Legibly

- **All information is required for placement on a walk**
- We must have your signature, your sponsor's signature and your pastor's signature and your full fee before your application can be processed
- **Return the completed form with your fee to your sponsor. Your sponsor will fill in their section and mail the form to you.**
- Make sure you have the name of the emmaus community in your area on the indicated line.
- **If you have not received anything regarding confirmation or wait status within one month, please contact the registrars office.**

Last name _____ First name _____ Nametag _____

Address _____ City _____ State _____ ZIP _____

b Male / Female ___ Married ___ Single ___ Divorced ___ Widow(er) # children _____

Home Phone (____) _____ Business Phone (____) _____ Birthdate _____

___ Smoker ___ Non-smoker E-Mail _____ Present Occupation _____

Name and denomination of Church now attending _____

Has the Walk to Emmaus been explained to you, including post-Emmaus follow-up? ___yes ___no

Are you on a special diet? ___yes ___no If **YES**, explain _____

Do you have health problems or physical handicaps that may affect your participation at a Walk to Emmaus?
___yes ___no If **YES**, explain: _____

Local Emmaus Community _____

Register Only if you intend to be present for the entire weekend. Sponsor must already have attended a Walk to Emmaus. Please have your pastor sign this form. If unable to attend a Walk on which confirmed or on the waiting list, please write the Registrar immediately at the address below if you need to request a change of Walk assignment. Please give a first and second choice, many Walks have a long waiting list. In case of emergency call the registrar at 210/408-4528 or 888-348-4193 toll free.

See current Walk list for dates and registration fees.

REGISTRATION FEE MUST BE SUBMITTED WITH REGISTRATION FORM.

Walk Requested: 1st Choice Date _____ Walk # _____ Cost \$ _____
2nd Choice Date _____ Walk # _____ Cost \$ _____

Can you attend on short notice of three or four days? ___yes ___no

REFUND POLICY: Registration fee is fully refundable until 7 days prior to the start of the confirmed walk
(NO REFUNDS 7 DAYS PRIOR TO START OF A CONFIRMED WALK.)

Your signature _____ Date _____

Pastor's signature _____ (Have you attended an Emmaus, Cursillo, or Tres Dias weekend? ___Yes ___No)

SCHOLARSHIP ASSISTANCE IS AVAILABLE THROUGH YOUR LOCAL EMMAUS COMMUNITY (if needed)

TURN OVER PLEASE...

Sponsor's name (print) _____ Phone (_____) _____

Address _____ City _____ State _____ ZIP _____

E-Mail Address _____ Name of your Church? _____

Where did you attend your Emmaus/Cursillo (or other 3 day experience)? _____

When? _____ Walk # _____ Are you in a reunion group? _____

Are you active in your local church? _____ Is this candidate active in their local church? _____

How long have you known this candidate? _____

Can you fulfill sponsor responsibilities if your candidate attends at short notice? _____

If you were on the team would you be encouraged to have this person as a candidate? _____

Explain any physical or mental needs of this candidate: _____

WHY is this a good time for your candidate to attend the Walk? _____WHAT CHARACTERISTICS DOES THE CANDIDATE SHOW THAT EXHIBITS HIS/HER COMMITMENT TO CHRIST? _____
_____**If you have not received information by 1 month regarding confirmed or wait list status, please contact this office.**

Sponsorship is the most important job in Emmaus. The quality of sponsorship influences the pilgrim, the health of the Emmaus movement, and the Church being affected by Emmaus. Thank you for your dedication and effort to promote the Emmaus vision of developing Christian leaders who will strengthen the local church.

As a sponsor, I say Yes to Christ---to fulfill my responsibilities in such a way that His grace and love are revealed to this candidate through my Christian action. My signature of this application indicates my commitment to the high calling of servanthood.

SPONSOR'S SIGNATURE_____
DATE

Mail this completed form with a check made payable in full: to
"Treasurer, Southwest Texas Conference," to:

Emmaus Registrar
P.O. Box 781149
San Antonio, TX 78278

Office Use Only
Date Paid
Amount Paid
Check No.