

Registrar Use Only
 Paid _____
 Check Nos. _____
 Date received _____



Four Corners Emmaus Community

Request for Reservation This side to be filled out by the candidate.

Please fill in all blanks (**PRINT** clearly or type)

NAME _____ E-MAIL ADDRESS _____

ADDRESS _____ CITY _____

STATE _____ ZIP CODE _____ HOME PHONE (_____) _____

CELL PHONE (_____) _____ WORK PHONE (_____) _____

NAME YOU WOULD LIKE ON YOUR NAMETAG _____

DATE OF BIRTH _____ ARE YOU CLERGY? _____ SEX M / F

SPOUSE'S NAME _____

HAS SPOUSE ATTENDED A WALK? _____ WALK # _____ REGISTERED FOR A WALK? _____ WALK # _____

NAME & DENOMINATION OF CHURCH NOW ATTENDING _____

NAME, ADDRESS, AND PHONE NUMBER OF:

RELATIVE _____

CLOSE FRIEND _____
 (not sponsor)

Has the Walk to Emmaus been explained to you, including after Emmaus follow-up? _____
 Are you on a special diet? _____ If yes, please note any diet restrictions or a typical menu on the back of the form.
 If you are on special medication, have a health problem, or have a physical handicap which may affect your attendance at a Walk to Emmaus,
 please specify: (use back of form if necessary) _____

Do you snore? _____ Can you attend on short notice? (3-4 days) _____

Total cost of the Walk to Emmaus is \$180.00 for men until June 1st and for women until July 1st.; thereafter \$200.00 payable to **Four Corners Emmaus Community**. Payment will be deposited when received and is refundable upon written request. In the event you must cancel, please notify your **sponsor** immediately. Please register only if you intend to be present for the entire weekend

Please have your pastor sign this form below. Each person registering **must** be sponsored by someone who has already attended an Emmaus weekend. After you complete this form, please return it to your sponsor. Your sponsor will mail it to the FCEC Registrar.

CANDIDATE, PASTOR, AND SPONSOR ACKNOWLEDGEMENTS

By signing below, we acknowledge our understanding that the purpose of the Walk to Emmaus program is to renew the church as the body of the risen Christ in the world through the renewal of Christians as faithful and committed disciples of Jesus Christ. We also understand that the Walk to Emmaus is not designed to be a first encounter with Christ, a grief or divorce recovery program, a marriage enrichment experience, or a personal mental or spiritual therapy session. The pastor and sponsor acknowledge that they have responsibilities to this candidate before, during, and after the 72-hour Walk to Emmaus. With these understandings, we are pleased to state that the candidate named above is currently an active participant in church life and is an outstanding prospect for the Walk to Emmaus.

Candidate's signature _____

Candidate's Pastor's signature _____

Sponsor's signature _____

TO BE FILLED OUT BY SPONSOR

NAME _____

ADDRESS _____ CITY _____

STATE _____ ZIP CODE _____ E-MAIL ADDRESS _____

HOME PHONE (____) _____ WORK PHONE (____) _____

NAME & DENOMINATION OF CHURCH NOW ATTENDING _____

DO YOU ATTEND REGULARLY? ____ WHEN/WHERE DID YOU WALK? _____

ARE YOU IN A REUNION/ACCOUNTABILITY GROUP? _____ DO YOU ATTEND COMMUNITY GATHERINGS? _____

ARE YOU ABLE TO COMPLETE SPONSOR RESPONSIBILITIES ON SHORT NOTICE? (3-4 days) _____

PLEASE REFER TO THE FCEC SPONSORSHIP CHECKLIST FOR YOUR RESPONSIBILITIES.

IF THIS IS THE FIRST TIME YOU ARE SPONSORING, WHO IS YOUR CO-SPONSOR? _____

HOW LONG HAVE YOU KNOWN THE CANDIDATE? _____ WHY DO YOU BELIEVE THIS PERSON WOULD BE A GOOD CANDIDATE? _____

If candidate is married, have you discussed the Emmaus program with the spouse? _____ Are you and the candidate's spouse aware that the candidate will not be available for contact during the Walk except in case of an emergency? _____

ALTITUDE/HANDICAP ACCESS WARNING!!!!

Hesperus Camp is about 8,000 feet above sea level and is **not** "handicap friendly". Please discuss this with your candidate. **Also please discuss with your candidate the fact that they will need bedding, toiletries, medications, and personal items.**

INSTRUCTIONS FOR SUBMITTING THIS APPLICATION

Please carefully check this form and be sure that all asked for information is furnished. Sponsor is to sign both front and back where requested, and the candidate and his/her pastor are to sign on the front where requested. **Full payment for this candidate must accompany this application. Include Scholarship Form if necessary. Registration will not occur until the Registrar receives full payment.** When application is complete, attach payment and send to:

FCEC REGISTRAR

Donna Holcombe

5 Road 3149

Aztec, NM 87410

E-Mail: grandmadkh@live.com

Phone: (505) 947-0106

SPONSOR'S SIGNATURE _____ DATE _____

MENU RESTRICTIONS/SUGGESTIONS FOR SPECIAL DIETS

MORE INFORMATION ON SPECIAL MEDICATIONS, HEALTH PROBLEMS, OR PHYSICAL HANDICAPS

