

Cross Point Emmaus

Walk Number: _____ Date: _____ to _____

(6:30 pm Thursday through 6:00 pm Sunday)

TO BE FILLED OUT BY THE CANDIDATE. PLEASE PROVIDE ALL INFORMATION REQUESTED.

Name: _____ (as you want printed on your name tag)
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____
Work Phone: _____
Cell Phone: _____
Email Address: _____

Age: _____ Birthdate: _____ Marital Status (M S D W Separated): _____

Number of Children: _____ Spouse's Name: _____

Your Occupation: _____ Employer: _____

Education (Highest Level) Grammar High School College Graduate School: _____

Are you on a medical diet? _____ If so, What? _____

Special medication? _____ If so, What? _____

Do you have a health problem or physical challenge that may affect your attendance at the Walk to Emmaus? _____

If so, what? _____

State briefly why you wish to be involved in the Emmaus Community and what you expect: _____

Name and Denomination of church you attend: _____

Pastor's Name: _____ In what religious or community organizations are you active? _____

Is your spouse committed to attend the Walk to Emmaus? _____ If No, please explain: _____

Have the following been explained to you and your spouse?	You	Spouse
Walk to Emmaus	_____	_____
Follow-Up Group Reunion	_____	_____
Post Emmaus Meetings	_____	_____
Monthly Gatherings	_____	_____

Name of sponsor(s): _____ Sponsor's Phone: _____

Sponsor's Address: _____

I INTEND TO BE PRESENT FOR THE ENTIRE WALK TO EMMAUS (THURSDAY THROUGH SUNDAY EVENING):

CANDIDATE'S SIGNATURE: _____ Date: _____

Pre-registration deposit of \$35.00 is required. This will be applied toward your contribution of \$140.00, which partially offsets the expenses of your weekend.

Scholarships are available, please ask your sponsor for the information. The scholarships will be for the remaining \$105.00.

THE DEPOSIT IS NOT REFUNDABLE. MAKE CHECKS PAYABLE TO: CROSSPOINT EMMAUS COMMUNITY.

RETURN YOUR REGISTRATION FORM TO YOUR SPONSOR WITH YOUR DEPOSIT CHECK ATTACHED.

Cross Point Emmaus

TO BE FILLED OUT BY SPONSOR:

Candidate's Name: _____

Sponsor's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email Address: _____

Name and Denomination of church: _____

Do you attend church regularly? _____ Do you attend monthly Emmaus Gatherings regularly? _____

Where and when did you make your walk? _____ Walk # _____

Are you now in a group reunion? _____ How many candidates have you sponsored in the last year? _____

Do you receive a newsletter? _____ How long have you known the candidate? _____

Why do you feel that this Person would be a good candidate? _____

Are you praying and sacrificing for your candidate? _____

Is the candidate physically able to participate in an Emmaus weekend? _____ If No, explain: _____

Is the candidate under any temporary emotional strain that might indicate his/her weekend should be postponed? _____

Are you able and willing to assist the candidate to get into a group reunion? _____ If No, explain: _____

Will you bring your candidate to meeting? _____

Will you attend Sponsor's Hour? _____

Will you attend Saturday night candlelight? _____

Will you attend closing? _____

Can you care for the needs of your candidate's spouse over the weekend? _____

Have you explained the post-weekend meeting? _____

Will you accompany the candidate to this meeting? _____

Are you aware of the importance of minimal contact during the weekend (especially if the candidate is your spouse)? _____

Have you explained to your candidate that Emmaus is cloistered, a time apart from the world? _____

Where can you be reached during the Emmaus weekend? _____

Sponsor's Signature: _____ Date: _____

Check if a scholarship is needed _____

If your candidate needs a scholarship, please get in touch with the registrar for a scholarship application or get it from the web site.
www.crosspointemmaus.org. THE \$35.00 DEPOSIT IS REQUIRED AND NOT A PART OF THE SCHOLARSHIP.

<p>MAIL COMPLETED APPLICATION TO:</p> <p>Julie Altom, Registrar HC 72, Box 312-C Ardmore, OK 73401 Home: (580) 223-8260 e-mail: jaltom@plainview.k12.ok.us</p>	<p>OFFICE USE ONLY:</p> <p>Deposit: _____ Date: _____</p> <p>Check #: _____</p> <p>Balance owed: _____</p> <p>Letters Mailed: _____</p> <p>Candidate: _____</p> <p>Sponsor: _____</p>
---	--