

**ILLINOIS PRAIRIELANDWALK TO EMMAUS COMMUNITY**

Weekend Date: **Men's: October 9 – 12, 2008** **Women's: October 16 – 19, 2008**

Will the **APPLICANT** please **print** and **answer all questions** so your needs will be met while you are on the Walk.

Male / Female (Circle One)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Cell Phone: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

E-Mail: \_\_\_\_\_

Age: \_\_\_\_\_ Circle Marital Status: S M D W Spouse: \_\_\_\_\_

Name you wish to have on your name badge: \_\_\_\_\_

Name and denomination of your church: \_\_\_\_\_

Pastor's Name: \_\_\_\_\_

What religious or community organizations are you active in?  
\_\_\_\_\_  
\_\_\_\_\_

Has the Walk to Emmaus been explained to you? YES / NO

Has Grouping and Post-Emmaus been explained to you? YES / NO

**HEALTH INFORMATION**

I'm on the following diet? **NO Renal Cardiac Diabetic Other** \_\_\_\_\_

I'm allergic to the following foods: **Dairy Products Wheat Peanuts Nuts Eggs Soy Seafood Other** \_\_\_\_\_

Are you on any special medication that is required to be taken at an exact time? **NO / YES, please explain**  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any health or physical handicaps? **NO / YES, please explain** \_\_\_\_\_  
\_\_\_\_\_

Would you be able to sleep on the top bunk? **YES / NO**

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please enclose a pre-registration deposit of \$20 with this application. This will be applied to your contribution of \$70 which will partially offset the expenses of your weekend. This deposit is not refundable. Balance of \$50 is due at registration time. Please make checks payable to **ILLINOIS PRAIRIELAND WALK TO EMMAUS** or **IPWE**. After completing this application, give it to your sponsor **ASAP**, who will fill out the back side of the application and send it in. **Thank you.**

**MUST BY IN TO DENISE TWO (2) WEEKS BEFORE THE WALKS**

**This section should be filled out by the Candidate's SPONSOR who has already attended an Emmaus, Cursillo, Tre Dias, or Chrysalis weekend.**

Date of weekend: \_\_\_\_/\_\_\_\_/\_\_\_\_ Candidate's Name: \_\_\_\_\_

Sponsor's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ E-mail: \_\_\_\_\_

Home Phone: \_\_\_\_/\_\_\_\_/\_\_\_\_ Cell Phone: \_\_\_\_/\_\_\_\_/\_\_\_\_

Church you are regularly attending? \_\_\_\_\_

What was the name of the walk you attended? \_\_\_\_\_

When? \_\_\_\_/\_\_\_\_/\_\_\_\_ Are you now in a weekly grouping? YES / NO

Are you praying and sacrificing for your candidate? YES / NO

How long have you know the candidate? \_\_\_\_\_ years.

Why do you feel that this person will make a good candidate?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is the candidate's Pastor aware that the candidate is making the walk? YES / NO

Do you feel that this candidate is capable of making a weekend? YES / NO

Are you able to assist the candidate to get into a weekly grouping? YES / NO

If the candidate is married, have you explained Emmaus to the spouse? YES / NO

Will you care for the spouse over the weekend? YES / NO

Will you bring the candidate to the weekend site? YES / NO

Will you participate in the weekend? YES / NO

Have you explained Groupings and Gatherings to the candidate? YES / NO

**PLEASE RETURN THIS APPLICATION AS SOON AS POSSIBLE TO:**

Denise  
790 Jefferson Street  
Hillsboro, IL 62049  
Or e-mail to [knetzer@consolidated.net](mailto:knetzer@consolidated.net)

SUBMITTING APPLICATION DOES NOT GUARANTEE ACCEPTANCE  
THANKS FOR YOUR TIME AND SUPPORT FOR THE WALK TO EMMAUS

PRE-REGISTRATION DEPOSIT - \$20 received \_\_\_\_/\_\_\_\_/\_\_\_\_ check # \_\_\_\_\_  
REGISTRATION BALANCE - \$50 received \_\_\_\_/\_\_\_\_/\_\_\_\_ check # \_\_\_\_\_  
PAID IN FULL

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