

Illinois Prairieland Walk to Emmaus

Spring Walk #26

Men's Weekend: April 19-22, 2012

Women's Weekend: April 26-29, 2012

This section to be completed by the **APPLICANT**. Please **print** the answer to all questions so that your needs can be best met during your Walk to Emmaus.

Male / Female (Circle One)

Name: _____

Address: _____

Primary Telephone : (____)____-____ Cell Phone: (____)____-____

E-Mail: _____ Age: _____

Circle Marital Status: **S M D W** Spouse's Name _____

Name you wish to have on your name badge: _____

Sponsor's Name: _____

Name and denomination of church where you are an active member:

Pastor's Name: _____

What ministries are you active in at your church?

What community organizations are you active in?

Has the Walk to Emmaus been explained to your satisfaction? **YES / NO**

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

Are you on a special diet? **NO Renal Cardiac Diabetic Other**

Please explain: _____

Are you allergic to any foods? **NO Dairy Wheat Peanuts Nuts Eggs Soy
Seafood Other**

Please explain: _____

Please list any special medications that you are currently taken and the times they must be taken:

Do you have any physical or mental challenges? **NO / YES, please explain:**

Would you be able to sleep on a top bunk? **YES / NO / YES, BUT PREFER NOT**

Sign: _____ Date: _____

Please enclose a pre-registration deposit of \$20 with this application. This will be applied to your total registration of \$95. This deposit is non-refundable. The remaining balance of \$75 is due at your weekend registration. 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 remaining portions and send it in. **Thank you.**

****Applications received by 9/9/2010, with \$20 deposit, will receive an additional \$20 credited to their balance.**

If you feel that you are unable to meet the financial demands of attending a Walk to Emmaus Weekend, there are some scholarships available. Please indicate with an x in the space below if you need to request scholarship assistance.

_____ **I am in need of a full scholarship of \$95**

_____ **I am in need of a half scholarship of \$48**

SUBMITTING APPLICATION DOES NOT GUARANTEE ACCEPTANCE

PRE-REGISTRATION DEPOSIT - \$20 received _____/_____/_____ check # _____

REGISTRATION BALANCE - \$75 received _____/_____/_____ check # _____

PAID IN FULL _____/_____/_____ check# _____

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

Candidate's Name: _____

Sponsor's Name: _____

Sponsor's Address: _____

Primary Telephone : (____)____-_____

Cell Phone: (____)____-_____

E-Mail: _____

Church you are regularly attending: _____

Name of Walk You Attended (Community/Walk #/ Year, if known):

Are you now in a reunion group? **Yes / No**

Are you praying and sacrificing for your candidate? **Yes / No**

Is the candidate's pastor aware that he/she is making a walk? **Yes / No**

Are you able to assist the candidate to get into 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 read the Sponsorship Tips document available online? **Yes / No**

How long have you known this candidate? _____ years.

Briefly explain why you think this person would make a good candidate:

Please tell us more about your candidate. Circle the most appropriate response and provide an explanation as necessary.

Is your candidate more...?

Extroverted / Introverted

Sensing / Intuitive

Thinking (Analytical) / Feeling (Emotional)

Sequential / Global

Leader / Follower

Impressionable / Decisive

Joiner / Observer

Please share any concerns or anything else that you feel would be helpful to the team:

PLEASE RETURN THIS APPLICATION AS SOON AS POSSIBLE TO:

**Sharon Coyne
699 Boulevard de Cannes
Edwardsville, IL 62025
Or e-mail to registration@ipwe.org**