

**ILLINOIS PRAIRIELANDWALK TO EMMAUS COMMUNITY**  
**Fall Walk #24**

Weekend Date: **Men's: Sept 30 – Oct 3, 2010**    **Women's: Oct 14 - 17, 2010**

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 \$95 which will partially offset the expenses of your weekend. This deposit is not refundable. Balance of \$75 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.**

**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:**

Denil Mueller  
25833 Joe Knight Road  
Dow, IL 62022  
Or e-mail to [registration@ipwe.org](mailto:registration@ipwe.org)

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

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PRE-REGISTRATION DEPOSIT - \$20 received \_\_\_\_/\_\_\_\_/\_\_\_\_ check # \_\_\_\_  
REGISTRATION BALANCE - \$75 received \_\_\_\_/\_\_\_\_/\_\_\_\_ check # \_\_\_\_  
PAID IN FULL \_\_\_\_/\_\_\_\_/\_\_\_\_ check# \_\_\_\_\_