



**NORTHERN ILLINOIS EMMAUS
APPLICATION TO ATTEND THE WALK TO EMMAUS**

Walk # _____
Mo/Yr _____

The Walk to Emmaus is a 3-day short course in Christianity sponsored by the Upper Room, an agency of the United Methodist Church. The purpose of the Walk is to renew local church congregations and provide a model for Christian accountability groups. It is intended for established Christians who want a refresher course in the basic tenets of our faith and an opportunity for spiritual development through the sharing of God's grace.

PLEASE ENCLOSE A NON-REFUNDABLE APPLICATION FEE OF \$50.00 THAT WILL BE APPLIED TO THE \$250.00 FEE. THE BALANCE IS TO BE PAID AT REGISTRATION. MAKE CHECKS PAYABLE TO: **NORTHERN ILLINOIS EMMAUS**. MAIL APPLICATION WITH PAYMENT TO: Northern Illinois Emmaus, PO Box 24, Crystal Lake, IL 60039-0024

SECTION 1: TO BE COMPLETED BY APPLICANT (Please print or type)

Name: _____ Name on Name Tag: _____

Address: _____ Age: _____ Marital Status: _____ Children: _____

City: _____ State: _____ Zip: _____ Home Phone: (____) _____

Email Address: _____ Cell Phone: (____) _____

Church: _____ Church City: _____

Pastor: _____ Phone: (____) _____ Do you want your Pastor contacted? Yes ☐ No ☐

Occupation: _____ Employer: _____

Religious/Community involvement (activities, studies, teaching, etc): _____

Spouse's Name: _____ Will/has spouse attended a Walk? Yes ☐ No ☐

If NO to previous question, please explain: _____

Have the following been explained to you (and your spouse if married):

Emmaus Weekend? Yes ☐ No ☐ Follow-up? Yes ☐ No ☐ Reunion Group? Yes ☐ No ☐

Briefly state why you decided to apply to attend the Walk: (Use back if needed)

Name/telephone number to contact in case of emergency: _____ Tel: (____) _____

Please list any serious medical conditions or limitations which may need to be considered by Northern Illinois Emmaus:

Describe any special dietary needs (e.g. diabetes, intolerances, allergies): _____

NOTE: *The Walk to Emmaus is a three-day immersive experience in a location intended to be remote from your "normal" routine. Northern Illinois Emmaus has neither the resources nor the personnel to provide medical support or non-routine assistance (including those with severe ambulatory challenges, highly specific dietary restrictions, unique medication requirements, or other special physical needs) and therefore, must reserve the right to defer or decline an applicant's request to participate in the Walk. All decisions in this regard will be made in full, final and good faith discretion of the Northern Illinois Emmaus Board of Directors, as delegated to the Walk Lay Director, Board Advisor and Community Lay Director for the Walk in question, after prayerful consultation with the applicant and/or the applicant's sponsor.*

I have read and understand the above statement and am able to participate fully in the weekend.

SIGNATURE OF APPLICANT: _____ **DATE:** _____

SECTION 2: TO BE COMPLETED BY SPONSOR (Please print or type)

Name: _____ Home Phone: (____) _____ Cell: (____) _____

Address: _____ City/State/Zip: _____

Email Address: _____

Church/Denomination: _____ Do you receive the Emmaus Newsletter? Yes ☐ No ☐

Your Walk/Cursillo/Flight# _____ Date: _____ Location: _____

Reunion/Accountability Group: _____ How long have you known this person? _____

Will you fulfill sponsorship responsibilities? Yes ☐ No ☐ If not, who have you designated? _____

Why do you think the Walk to Emmaus is appropriate for your applicant? (Use back if needed)

Please list any known serious medical condition or limitations affecting your applicant which may need to be considered by Northern Illinois Emmaus: _____

I have read and understand the NOTE above regarding facility changes and liability issues and my candidate is fully able to participate in the weekend.

SIGNATURE OF SPONSOR: _____ **DATE:** ____/____/____

10-DAY RULE: Applications must be received at least 10 days prior to the weekend.

FOR REGISTRAR'S USE ONLY

Date completed application received: ____/____/____ Check#: _____ Amount: _____

Date notification letters sent: Applicant: ____/____/____ Sponsor: ____/____/____