



Chesapeake Walk to Emmaus Application

Send Completed Forms to:

Nancy Mayonado
26150 Millman Drive
Hebron, MD 21830

Any Questions, Please Call: 443-978-0190

Email: cwteregistrar@gmail.com

For Registrar's Use Only

Date Received _____ Invitation Sent _____ Confirmed _____ Attended _____
Fee Received from _____ Date Received _____ Amount _____ Check No. _____

Candidate's Information

Dear Candidate,

We are pleased that the Lord has given you a desire to attend the "Chesapeake Walk to Emmaus". The candidates' portion of this form needs to be completed and returned to your sponsor. Please remember that reservation requests are prayerfully considered in the order they are received. Once selected for a weekend you will receive an invitation letter providing additional information on the weekend and instructions for accepting the invitation. Any questions regarding the status of this application should be addressed to your sponsor(s). Please be mindful that a waiting list often occurs. If you are married, we strongly encourage your spouse to make an equal commitment to go on a *Walk*. Additionally, you will need to discuss the financial responsibility for the weekend with your sponsor. **Please PRINT clearly.**

Name _____ Name for Name Tag _____

Mailing Address _____

City _____ State _____ Zip _____

Phone (Home) _____ (Cell) _____

Email Address _____

Date of Birth _____ Gender _____ Marital Status _____ Spouse name, if married _____

Occupation _____ Are you Clergy? Yes / No If so, where? _____

Emergency Contact Name: _____ Emergency Contact Phone Number: _____

Has your spouse or child attended a weekend? Yes / No If yes, Name _____ When? _____ Where? _____

If no, has your spouse submitted an application to attend the Walk to Emmaus? Yes / No

Have you previously attended a Chrysalis weekend? Yes / No When? _____ Where? _____

Church Name _____ Denomination _____

Pastor's Name _____ Address: _____

Special Considerations - Are you on a special diet? Yes / No
Are you on any medications? Yes / No
Do you have any physical limitations that we should be aware of? Yes / No
Do you have a medical device that requires the use of an APP on your cell phone?
If yes to any prior questions, please provide additional information below and also advise your sponsor

Has the Walk to Emmaus been explained to you? Yes / No Have you read the Emmaus brochure or visited the website? Yes / No
Please state briefly why you wish to attend an Emmaus weekend.

I hereby grant Chesapeake Walk to Emmaus permission to use my likeness in a photograph, or other digital media (“photo”) in any and all of its publications, including web-based publications, without payment or other consideration.

Candidate’s Signature

Date

Dear Sponsor(s),

Chesapeake Walk to Emmaus requires that you complete sponsorship training within the last 3 years, prior to becoming a sponsor. As a sponsor it is your responsibility to pray for and with your pilgrim, answer any questions they may have, help them understand the importance of the weekend and being involved in his/her church and Emmaus community after the weekend. After receiving confirmation from the Registrar you are to arrange for payment of weekend expenses (\$350), provide transportation to and from the weekend, make yourself fully available and committed to the weekend, and help the candidate become a full participant in the Emmaus community. Be sure this form is filled out completely. **Please PRINT clearly.**

Sponsor Information

Name(s)

Cell Phone #

Date of Sponsorship Training(s)

Mailing Address

Date of Your Walk(s)

City

State

Zip

Email Address

Have you reviewed the Ten Steps of Sponsoring? Yes / No

Have you made financial arrangements to cover the costs of the candidates’ weekend? Yes / No

Are you active in: Reunion Group – Yes / No, Bible Study – Yes / No, Other Group – Yes / No

Does the candidate have the physical, mental, and emotional health for a walk? Yes / No

How long have you known the candidate and why do you believe they should attend The Walk?

Co-Sponsor Information

Name(s)

Cell Phone #

Date of Sponsorship Training(s)

Mailing Address

Date of Your Walk(s)

City

State

Zip

Email Address

Have you reviewed the Ten Steps of Sponsoring? Yes / No

Have you made financial arrangement to cover the costs of the candidates’ weekend? Yes / No

Are you active in: Reunion Group – Yes / No, Bible Study – Yes / No, Other Group – Yes / No

Does the candidate have the physical, mental, and emotional health for a walk? Yes / No

How long have you known the candidate and why do you believe they should attend The Walk?

Sponsors Signature

Date

Co-Sponsor Signature

Date