



Chesapeake Walk to Emmaus Application

Email or Send Completed Forms to:

Nancy Mayonado
26150 Millman Drive
Hebron, MD 21830
cwteregistrar@gmail.com

Any Questions, Please Call: 443-978-0190

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. **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?	
Church Name		Denomination	Pastor Name
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?	

Special Considerations

Are you on a restricted diet or have food allergies? 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? Yes / No

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

I, the undersigned, agree to fully abide by the program for the Chesapeake Walk to Emmaus weekend and all related gatherings, meetings and functions. I also understand the Chesapeake Walk to Emmaus reserves the right, at will, to accept or decline any application received without reason. I understand that this weekend, and all associated events, are intended to focus on our relationship with Jesus Christ and our fellow Walk To Emmaus/Chrysalis brothers and sisters in Christ. I know that raising any topics diverging from that intention can become a distraction to that goal and purpose. I therefore acknowledge that, if deemed appropriate, I may be asked to leave the weekend, or event if my conversations and/or behavior become a distraction for others in attendance and I agree to leave the weekend or event if asked by a CWTE board member.

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, Face to Face \$75), 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

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

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