

**Registrar Use Only**

Paid \_\_\_\_\_  
Check Nos. \_\_\_\_\_  
Date received \_\_\_\_\_



# Four Corners Emmaus Community

## Request for Reservation This side to be filled out by the candidate.

Please fill in all blanks (**PRINT** clearly or type)

NAME \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ HOME PHONE (\_\_\_\_\_) \_\_\_\_\_

CELL PHONE (\_\_\_\_\_) \_\_\_\_\_ WORK PHONE (\_\_\_\_\_) \_\_\_\_\_

NAME YOU WOULD LIKE ON YOUR NAMETAG \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ ARE YOU CLERGY? \_\_\_\_\_ SEX M / F

SPOUSE'S NAME \_\_\_\_\_

HAS SPOUSE ATTENDED A WALK? \_\_\_\_\_ WALK # \_\_\_\_\_ REGISTERED FOR A WALK? \_\_\_\_\_ WALK # \_\_\_\_\_

NAME & DENOMINATION OF CHURCH NOW ATTENDING \_\_\_\_\_

NAME, ADDRESS, AND PHONE NUMBER OF:

RELATIVE \_\_\_\_\_

CLOSE FRIEND \_\_\_\_\_  
(not sponsor)

Has the Walk to Emmaus been explained to you, including after Emmaus follow-up? \_\_\_\_\_  
Are you on a special diet? \_\_\_\_\_ If yes, please note any diet restrictions or a typical menu on the back of the form.  
If you are on special medication, have a health problem, or have a physical handicap which may affect your attendance at a Walk to Emmaus, please specify: (use back of form if necessary) \_\_\_\_\_

Do you snore? \_\_\_\_\_ Can you attend on short notice? (3-4 days) \_\_\_\_\_

Total cost of the 2019 FCEC Walks to Emmaus is \$200.00 payable to **Four Corners Emmaus Community**. Payment will be deposited when received and is refundable upon written request. FCEC 2019 Walks to Emmaus will be held at Snow Wolf Lodge, 1099 Blue Creek Road; Pagosa Springs, CO 81147. In the event you must cancel, please notify your **sponsor** immediately. Please register only if you intend to be present for the entire weekend

Please have your pastor sign this form below. Each person registering **must** be sponsored by someone who has already attended an Emmaus weekend. After you complete this form, please return it to your sponsor. Your sponsor will mail it to the FCEC Registrar.

### **CANDIDATE, PASTOR, AND SPONSOR ACKNOWLEDGEMENTS**

By signing below, we acknowledge our understanding that the purpose of the Walk to Emmaus program is to renew the church as the body of the risen Christ in the world through the renewal of Christians as faithful and committed disciples of Jesus Christ. We also understand that the Walk to Emmaus is not designed to be a first encounter with Christ, a grief or divorce recovery program, a marriage enrichment experience, or a personal mental or spiritual therapy session. The pastor and sponsor acknowledge that they have responsibilities to this candidate before, during, and after the 72-hour Walk to Emmaus. With these understandings, we are pleased to state that the candidate named above is currently an active participant in church life and is an outstanding prospect for the Walk to Emmaus.

Candidate's signature \_\_\_\_\_

Candidate's Pastor's signature \_\_\_\_\_

Sponsor's signature \_\_\_\_\_

9/2018

Do not use earlier versions of this form

**TO BE FILLED OUT BY SPONSOR**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

HOME PHONE (\_\_\_\_\_) \_\_\_\_\_ WORK PHONE (\_\_\_\_\_) \_\_\_\_\_

NAME & DENOMINATION OF CHURCH NOW ATTENDING \_\_\_\_\_

DO YOU ATTEND REGULARLY? \_\_\_\_ WHEN/WHERE DID YOU WALK? \_\_\_\_\_

ARE YOU IN A REUNION/ACCOUNTABILITY GROUP? \_\_\_\_\_ DO YOU ATTEND COMMUNITY GATHERINGS? \_\_\_\_\_

ARE YOU ABLE TO COMPLETE SPONSOR RESPONSIBILITIES ON SHORT NOTICE? (3-4 days) \_\_\_\_\_

**PLEASE REFER TO THE FCEC SPONSORSHIP CHECKLIST FOR YOUR RESPONSIBILITIES.**

IF THIS IS THE FIRST TIME YOU ARE SPONSORING, WHO IS YOUR CO-SPONSOR? \_\_\_\_\_

HOW LONG HAVE YOU KNOWN THE CANDIDATE? \_\_\_\_\_ WHY DO YOU BELIEVE THIS PERSON WOULD BE A GOOD CANDIDATE? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

If candidate is married, have you discussed the Emmaus program with the spouse? \_\_\_\_\_ Are you and the candidate's spouse aware that the candidate will not be available for contact during the Walk except in case of an emergency? \_\_\_\_\_

**ALTITUDE/HANDICAP ACCESS WARNING!!!!**

Snow Wolf Lodge is **not** "handicap friendly" although it is handicap accessible and it is in the San Juan Mountains at elevation, 7600 feet. Please discuss this with your candidate. Please discuss with your candidate they will need to bring their own **toiletries, medications, and personal items.**

**INSTRUCTIONS FOR SUBMITTING THIS APPLICATION**

Please carefully check this form and be sure that all requested information is furnished. Sponsor is to sign both front and back where requested, and the candidate and his/her pastor are to sign on the front where requested. **Full payment for this candidate must accompany this application. Include Scholarship Form if necessary. Registration will not occur until the Registrar receives full payment.** When application is **complete**, attach payment and send to:

FCEC REGISTRAR  
Pam Grubb  
8325 Old Aztec Hwy.;  
Flora Vista, NM 87415  
E-Mail: info@fourcornersemmaus.com  
Phone: (505) 324-2121 or (505) 486-5116

SPONSOR'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**MENU RESTRICTIONS/SUGGESTIONS FOR SPECIAL DIETS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MORE INFORMATION ON SPECIAL MEDICATIONS, HEALTH PROBLEMS, OR PHYSICAL HANDICAPS**

\_\_\_\_\_  
\_\_\_\_\_