

# APPLICATION TO ATTEND AN EMMAUS WEEKEND

MEN'S WALK # 75, Camp Christian Oct. 15-18, 2025

WOMEN'S WALK # 76, Camp Christian Oct. 22-25, 2025

Cost for Weekend - \$200.00 (\$100 deposit required with application)

Name: \_\_\_\_\_ Home Telephone: ( \_\_ ) \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Work Telephone: ( \_\_ ) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

e-mail address: \_\_\_\_\_

Are you an Ordained Clergy? Y N (If yes – Denomination: \_\_\_\_\_).

Birthdate: \_\_\_\_\_ Name you want on name tag: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Number of Children: \_\_\_\_\_ Ages: \_\_\_\_\_

Closest friend/relative not living with you (and not your sponsor): \_\_\_\_\_

Name: \_\_\_\_\_ Home Telephone: ( \_\_ ) \_\_\_\_\_

Address: \_\_\_\_\_ Work Telephone: ( \_\_ ) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Church you attend (if any): \_\_\_\_\_ Denomination: \_\_\_\_\_

City: \_\_\_\_\_ Minister: \_\_\_\_\_

Do you have a health condition and/or physical handicap/limitation that we need to consider in assisting you to fully experience the weekend? \_\_\_\_\_

Are you on a special diet or medications? (specify) \_\_\_\_\_

Please give a frank statement about why you would like to attend an Emmaus Weekend, what you expect from it and anything about yourself and your faith you wish to share:

\_\_\_\_\_

Because Walk to Emmaus is a short course in Christianity to deepen your knowledge of God's grace active in our lives, belief in Jesus Christ as the Son of God is a prerequisite. The Emmaus Weekend runs from Thursday evening through Sunday evening and encourages a lifetime of continued community after the weekend. Married couples are *strongly* encouraged to make a joint commitment. Notification of your acceptance for the weekend will be made by phone or mail as soon as possible after receipt of application. After you have completed this form, please give it back to your sponsor. A deposit of \$100.00 is required. The deposit will be applied toward the full tuition for the weekend or will be refunded for cancellations made 10 days prior to the weekend. Cancellations less than 10 days prior to the walk will forfeit the deposit.

Please make checks payable to WESTERN ROCKIES EMMAUS.

Signature \_\_\_\_\_

Date \_\_\_\_\_

## SPONSORSHIP

IMPORTANT!! The Walk to Emmaus is not an evangelistic tool or a place to solve deep emotional problems. "If the Walk to Emmaus is looked upon as a hospital where every human ill can be cured, it will have a weakening effect on the entire community", (taken from Day Four, the pilgrim's Continued Journey, Upper Room, Nashville.) Emmaus is a method of Christian renewal *in the church*. Individuals recommended for Emmaus should be currently active in a local church and believe that Jesus Christ is the Son of God. They should have a desire to deepen their faith and to become closer to Christ in their Discipleship. As a Sponsor, you are required to discuss the weekend with the applicant's spouse and secure his/her application to attend a Walk or their support for the applicant's participation in the Walk to Emmaus. The sponsor is also required to provide the information for the applicant to assist him/her in the decision to attend a weekend, to help him/her to enter fully into the Emmaus fellowship after the weekend, to provide prayer and other support, and to insure transportation to and from the Emmaus weekend. It is the Sponsor's responsibility to make the applicant aware of the cost of the weekend and the type of financial arrangements that can be made. Space will not be reserved for your pilgrim until the deposit of \$100.00 has been received. Please see that the deposit is included with the application. Sites and costs for the upcoming weekends are listed on the front of this application.

### To Be Completed By The Sponsor

Sponsor's Name: \_\_\_\_\_ Home Telephone: ( \_\_ ) \_\_\_\_\_

Address: \_\_\_\_\_ Work Telephone: ( \_\_ ) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

e-mail address: \_\_\_\_\_

Home Church: \_\_\_\_\_ Denomination: \_\_\_\_\_

Where and when did you make your Emmaus/Cursillo/Chrysalis weekend?  
\_\_\_\_\_

Have you discussed the weekend with the spouse? \_\_\_\_\_

Have they submitted an application? \_\_\_\_\_

If not, why? \_\_\_\_\_

Can you help with the needs of the pilgrim's spouse during the weekend? \_\_\_\_\_

Are you working on the Emmaus Team for this weekend? \_\_\_\_\_

**Remember:** You are responsible for getting your Pilgrim to the weekend. They should not drive themselves.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Mail to: WESTERN ROCKIES EMMAUS  
Registrar  
PO Box 583  
Montrose, CO 81402