

**Illinois Heartland Emmaus Community
Upper Room Walk to Emmaus
Request for Reservation**

Deposit: _____

Balance: _____

To be completed by Sponsor:

Today's Date: _____

SPONSOR NAME: _____

SPONSOR PHONE NUMBER: _____

Your address:

Street: _____ City: _____ State: _____ Zip: _____

Best phone number to reach you at: _____ cell—home—work (circle one)

Email: _____

Church you are currently attending: _____

Do you attend regularly? Yes _____ No _____

Where did you make your Walk to Emmaus, Cursillo, other? _____

When? _____ **Number—if you remember?** _____

Number of pilgrims you have sponsored in the last year: _____

How long have you known your candidate? _____ **Have you explained the Emmaus program, including the follow-up meeting and reunion groups to your candidate?** Yes _____ No _____

Does your candidate have any physical or medical needs that must be addressed by the team during the weekend? Yes _____ No _____ **If yes, please explain:**

Is your candidate under any emotional strain or had a recent (within the past 12 months) life event such as a divorce or a death in the immediate family that might indicate his/her participation should be postponed? If YES, we strongly recommend the candidate wait at least 12 months from such an event has passed before attending a weekend.

If the candidate is married, have you discussed the Walk to Emmaus with both the candidate and the spouse? Yes _____ No _____

Do you have each application if you are sponsoring both? Yes _____ No _____

Are you willing to assist your candidate in getting into a reunion group? Yes _____ No _____

Will you bring your candidate to the weekend site? Yes _____ No _____

Will you attend the sponsor's hour? Yes _____ No _____ Candlelight Yes _____ No _____
Closing Yes _____ No _____

Are you aware that all of the events at the weekend site are for adults only? Yes _____ No _____

Can you care for the needs of your candidate's spouse and family over the weekend?
Yes _____ No _____

Are you aware of the need for minimal contact with your candidate during the weekend?
Yes _____ No _____

I will bring my candidate to the follow-up meeting after the weekend. Yes _____ No _____

You must obtain the weekend emergency contact number that will be provided during check in at the start of the weekend and be available to receive calls from your candidate's family. You are at all times the candidate's liaison between their family and the facility.

Sponsor signature: _____ Date: _____

The full cost of the weekend is \$140. New fee. A \$25 deposit is to be included with the application. If scholarship help is needed for your applicant, please contact the Registrar. Mail all applications to Illinois Heartland Emmaus Registrar, PO Box 364, Washington, IL 61571

Please note: A candidate is not officially registered until **BOTH** the sponsor and the candidate's application sheets are **fully filled out and received by the registrar**. Each weekend has a deadline for the minimum number of 10 candidates to be registered four weeks prior to the start of the weekend. No applications will be accepted for any given weekend after the anointing prior to the start of the weekend.

There will be no exceptions!

(Print clearly)

Applicant full name: _____ **Birthdate:** _____

Circle one: Male Female

**Please mail your application to:
Illinois Heartland Emmaus Registrar
PO Box 364
Washington, IL 61571**