

## APPLICATION FOR CENTRAL ALABAMA WALK TO EMMAUS

\$135 fee is charged for the weekend. Complete and return this form, including \$25 non-refundable and non-transferable reservation fee, (make check payable to CAEC) and mail to: Central Alabama Emmaus Community, P.O. Box 241571, Montgomery, AL 36124. The balance of \$110 will be due on the first night of the walk on which you are scheduled to attend. Any questions: call or email: Registrar for Men's Walks: Sharon Truman (334-354-4382) [sharontruman520@gmail.com](mailto:sharontruman520@gmail.com)  
Registrar for Women's Walks: Lynn (MO) Moseley (334-221-4991) [lynnmoseley7748@gmail.com](mailto:lynnmoseley7748@gmail.com)

**Applicant**, please print clearly and provide all requested information.

\_\_\_\_\_  
(First) (Last) (Name for your name tag)

Address: \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Age: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Home phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Spouse (or Emergency Contact) Name: \_\_\_\_\_ Emergency Phone Number: \_\_\_\_\_

Occupation: \_\_\_\_\_ Community Organizations: \_\_\_\_\_

Home Church Name: \_\_\_\_\_ Denomination: \_\_\_\_\_ Pastor's Name: \_\_\_\_\_

How long have you been involved in Church? \_\_\_\_\_

The following have been explained to me: Yes \_\_\_ No \_\_\_ Emmaus Weekend Yes \_\_\_ No \_\_\_ Reunion groups

If married, has your spouse has been on a Walk to Emmaus? No \_\_\_ If so, Walk # \_\_\_\_\_ Location: \_\_\_\_\_

Yes \_\_\_ No \_\_\_ I am on a **Medically Required Special Diet**. If yes, please explain: \_\_\_\_\_

Yes \_\_\_ No \_\_\_ I have food allergies. If yes, please explain \_\_\_\_\_

Yes \_\_\_ No \_\_\_ I am taking special medicines. Please list: \_\_\_\_\_

Yes \_\_\_ No \_\_\_ I have physical limitations, if yes, please explain: \_\_\_\_\_

Yes \_\_\_ No \_\_\_ I prefer a lower bunk because: \_\_\_\_\_

I want to attend the Central Alabama Walk to Emmaus because \_\_\_\_\_

**I understand this signed application does not reserve a position on a particular walk, but does put me on the list for upcoming Central Alabama Emmaus Walks.**

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

### SPONSOR: please print clearly and provide all requested information.

Sponsor Name: \_\_\_\_\_ Email: \_\_\_\_\_  
First Last

Address: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Your church name: \_\_\_\_\_ Denomination: \_\_\_\_\_

Attend church regularly: Yes \_\_\_ No \_\_\_ If no, please explain: \_\_\_\_\_

Where did you attend Walk to Emmaus? \_\_\_\_\_ Walk # \_\_\_\_\_ Are you in Reunion Group? Yes \_\_\_ No \_\_\_

**\*\*THERE ARE NO HANDICAP ACCESSIBILITY FEATURES OF THE FACILITY RENTED BY CAEW FOR THE 72 HOUR EMMAUS WALK. APPLICANTS MUST BE PHYSICALLY ABLE TO GO UP AND DOWN STAIRS, WALK BETWEEN THE LARGE GATHERING ROOM AND INDIVIDUAL ROOMS AND RESTROOM FACILITIES WITHOUT ASSISTANCE DURING THE 72 HOURS OF THE WALK.**

By signing below, I agree that I understand and will assume the responsibilities of a sponsor and fully believe that my applicant is ready for his/her Walk to Emmaus!!!

\_\_\_\_\_  
Sponsor Signature Date Date Received \_\_\_\_\_

**Revised 03/21/2018**