

APPLICATION FOR CENTRAL ALABAMA WALK TO EMMAUS

\$150 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: CAEC, P.O. Box 241571, Montgomery, AL 36124. The balance of **\$125 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 Registrar for Women's Walks: Kristi George (615-417-1379) jokristigeorge@gmail.com. *Note: Fees may change subject to cost increases.

Applicant, please print clearly and provide all requested information.

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

Address: _____ Email: _____

City: _____ State: _____ Zip: _____ Age: _____ Male _____ Female _____

Cell phone: (____) ____ - _____ Home\Other: (____) ____ - _____

Spouse (or Emergency Contact) Name: _____ Emergency Phone Number: _____

Occupation: _____ Are you are a minister or pastor: YES _____ NO _____ If so, please fill out the following:

Ministerial Title: _____ Serving what church or retired: _____

Home Church Name: _____ Denomination: _____ Pastor's Name: _____

How long have you been involved in church? _____

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

Yes _____ No _____ I am on a **MEDICALLY SPECIFIED** diet. If yes, please explain: _____

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

Yes _____ No _____ I am taking Medication that must be taken at a specific time. Please explain: _____

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: _____ Cell Phone: (____) ____ - _____

City: _____ State: _____ Zip: _____ Home Phone: (____) ____ - _____

Your church name: _____ Denomination: _____

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!!!

Date Received

Sponsor Signature Date Revised 03/15/2026