

## 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](mailto:sharontruman520@gmail.com) Registrar for Women's Walks: Bonnie Coker (256-496-3054) [Cokerbonnie04@gmail.com](mailto:Cokerbonnie04@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: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

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 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: \_\_\_\_\_

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 Received

**Revised 03/04/2025**