

GRACE **Emmaus** COMMUNITY of the CAROLINAS, Inc.

(To be referred to hereafter as GEC)

Postmark _____

Check # _____

Deposit _____

RETURN TO SPONSOR

SPONSOR'S

NAME _____

TO BE FILLED IN BY CANDIDATE

1. NAME _____ PHONE () _____

2. ADDRESS _____ CITY _____ STATE _____ ZIP _____

E-MAIL ADDRESS _____

3. NAME DESIRED ON NAME TAG _____ AGE _____ MALE ___ FEMALE ___

4. PASTOR'S NAME _____ CHURCH _____

5. WHAT ACTIVITIES WITHIN YOUR CHURCH DO YOU PARTICIPATE IN OR HAVE YOU PARTICIPATED IN?

6. MARRIED _____ SINGLE _____ WIDOWED _____ DIVORCED _____ SEPARATED _____

7. PRESENT OCCUPATION _____ COMPANY _____

8. IN WHAT COMMUNITY ORGANIZATIONS ARE YOU ACTIVE? _____

9. HAS THE WALK TO EMMAUS BEEN EXPLAINED TO YOU? Yes _____ No _____

10. HAS THE FOLLOW-UP MEETING BEEN EXPLAINED TO YOU? Yes _____ No _____

11. HAS THE MONTHLY GATHERING OF THE EMMAUS COMMUNITY BEEN EXPLAINED TO YOU? Yes _____ No _____

12. HAS THE GROUP REUNION PROGRAM BEEN EXPLAINED TO YOU? Yes _____ No _____

13. STATE BRIEFLY WHY YOU WISH TO ATTEND THE WALK TO EMMAUS AND WHAT YOU EXPECT FROM IT:

14. ARE YOU ON A DOCTOR PRESCRIBED DIET? Yes _____ No _____ IF YES, TELL US HOW WE CAN BEST SERVE YOU.

(NOTE: PLEASE INFORM YOUR SPONSOR OF ANY OTHER DIETARY NEEDS SO THAT HE/SHE CAN PROVIDE IT FOR YOU)

15. DO YOU HAVE ANY ALLERGIES, FOOD OR OTHER, THAT WE NEED TO BE AWARE OF? Yes _____ No _____ IF YES,

LIST: _____

16. DO YOU HAVE A HEALTH PROBLEM OR A HANDICAP THAT MAY AFFECT YOUR ATTENDANCE ON THE EMMAUS WALK?

Yes _____ No _____ IF YES, TELL US HOW TO MAKE YOUR WEEKEND EASIER. _____

17. ANY DIFFICULTIES WALKING SHORT DISTANCES? Yes ___ No ___ UPHILL? Yes ___ No ___ DOWNHILL? Yes ___ No ___

18. WOULD YOU BE WILLING TO SLEEP ON A TOP BUNK? Yes _____ No _____

19. GIVE NAME, ADDRESS, PHONE NUMBER OF NEAREST RELATIVE NOT LIVING WITH YOU:

NAME _____ PHONE () _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

20. UPON COMPLETION OF THE WALK WEEKEND, I WISH TO BE A MEMBER OF **GEC**. YES _____ NO _____

21. SIGNATURE _____ DATE: _____

22. **IMPORTANT:** ALL OF THE ABOVE INFORMATION IS NECESSARY FOR YOUR PROPER PLACEMENT ON A WALK TO EMMAUS. **PLEASE FILL IN ALL BLANKS.** PLEASE ENCLOSE A **NON-REFUNDABLE** PRE-REGISTRATION DEPOSIT OF **\$25.00**. THIS WILL BE APPLIED TOWARD YOUR CONTRIBUTION OF **\$90.00**, WHICH PARTIALLY OFFSETS THE EXPENSES OF YOUR WEEKEND. MAKE CHECK PAYABLE TO **GRACE EMMAUS COMMUNITY** OR **GEC**. THE REMAINING BALANCE WILL BE DUE PRIOR TO SEND-OFF FOR THE WEEKEND.

GRACE **Emmaus** COMMUNITY of the CAROLINAS, Inc.

SPONSOR'S FORM

CANDIDATE'S NAME _____

1. NAME (S) _____ ADDRESS _____

2. CITY _____ STATE _____ ZIP _____

3. TELEPHONE: HOME (____) _____ WORK (____) _____ CELL (____) _____

E-MAIL ADDRESS _____

4. NAME & DENOMINATION OF CHURCH NOW ATTENDING _____

5. DO YOU ATTEND REGULARLY? _____ WHAT CHURCH ACTIVITIES DO YOU (HAVE YOU) PARTICIPATED IN? _____

6. WAS YOUR WALK EMMAUS _____ CURSILLO _____ CHRYSALIS _____ OTHER _____

7. WHERE _____ WHEN _____ WALK # _____

8. NAME OF YOUR REUNION GROUP _____ MEETS _____

9. DO YOU PARTICIPATE IN MONTHLY COMMUNITY GATHERINGS? YES _____ NO _____

10. NUMBER OF CANDIDATES YOU ARE SPONSORING ON THIS WALK _____

11. HOW LONG HAVE YOU KNOWN YOUR CANDIDATE? _____

HAVE YOU ATTENDED A SPONSORSHIP TRAINING CLASS? YES _____ NO _____

12. IS CANDIDATE ACTIVELY PARTICIPATING IN A LOCAL CONGREGATION? YES _____ NO _____

IN WHAT WAYS DO THEY SERVE? _____

13. IF MARRIED, BOTH SPOUSES ARE EXPECTED TO ATTEND THE WALK TO EMMAUS. IN THE EVENT THAT ONE SPOUSE DOES NOT WISH TO ATTEND, HAVE YOU APPROACHED THE COUPLE AGAIN AFTER A MINIMUM SIX-MONTH PERIOD FROM FIRST CONTACT TO ASCERTAIN IF THAT SPOUSE HAS CHANGED DECISION? YES _____ NO _____ N/A _____

14. AFTER PRAYERFUL CONSIDERATION, DO YOU RECOMMEND THAT THE MARRIED SPOUSE ATTEND AS A "SINGLE" (SUBJECT TO # 13 ABOVE?) YES _____ NO _____ N/A _____

15. DOES YOUR CANDIDATE HAVE THE PHYSICAL HEALTH TO PARTICIPATE IN THE 72-HR WEEKEND WALK? YES _____ NO _____ IF NO, EXPLAIN WHAT WE NEED TO DO TO MAKE PARTICIPATING POSSIBLE. _____

16. HAVE YOU DISCUSSED YOUR CANDIDATE'S DIETARY NEEDS, AND ARE YOU PREPARED TO PROVIDE SPECIAL FOODS NEEDED IF NOT DOCTOR PRESCRIBED? YES _____ NO _____

17. IS YOUR CANDIDATE UNDER ANY EMOTIONAL STRAIN? YES _____ NO _____ IF YES, PLEASE EXPLAIN: _____

18. I UNDERSTAND THE SPONSOR'S RESPONSIBILITIES AND OBLIGATIONS AND PLEDGE TO SUPPORT MY CANDIDATE BEFORE, DURING, AND FOLLOWING THE WALK.

SPONSOR'S SIGNATURE: _____ DATE: _____

ALL BLANKS MUST BE FILLED IN ON BOTH SIDES AND DEPOSIT OF \$25.00 INCLUDED OR APPLICATION WILL BE RETURNED TO THE SPONSOR FOR COMPLETION.

RETURN TO: GEC Registrar
P.O. Box 1876
Shelby, NC 28151-1876