

# 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 **\$125.00**, 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