

Return Women's applications to:  
Ray Purkhiser  
6167 W. County Road 110 S.  
French Lick, IN 47432  
(812) 936-9748

Return Men's applications to:  
Don Osburn  
10553 N. Albrecht Road  
Bicknell, IN 47512  
(812) 328-2129

1st Walk Date Requested \_\_\_\_\_  
2nd Walk Date Requested \_\_\_\_\_

\*\*\*\*\*  
*All information except name and address is kept confidential. It is used for the purpose of planning the weekend activities.*  
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**PLEASE PRINT AND COMPLETE FULLY**

Name and complete mailing address of the church you attend:

Name \_\_\_\_\_

\_\_\_\_\_

Name for name tag \_\_\_\_\_

\_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Pastor's Name \_\_\_\_\_

Phone \_\_\_\_\_ Age \_\_\_\_\_

Church Phone \_\_\_\_\_

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

Does your pastor know you will be attending the Walk to  
Emmaus? \_\_\_\_\_

Marital Status \_\_\_\_\_ Has spouse attended a Walk? If yes  
indicate his/her name & Walk # \_\_\_\_\_

Community or Church Organizations \_\_\_\_\_

Your Occupation \_\_\_\_\_

\_\_\_\_\_

Hobbies or Interests \_\_\_\_\_

\_\_\_\_\_

\*\*\*\*\*

**Has the weekend been explained to you?**

Ecumenical	Yes	No
Worship Services	Yes	No
Talks & discussions	Yes	No
Scholarships available	Yes	No
Reunion groups post-weekend	Yes	No

**Health information:**

Special diet? Yes No  
If yes, what kind? \_\_\_\_\_

Special medication? \_\_\_\_\_

Any physical conditions which would limit your participation  
in the weekend? \_\_\_\_\_

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Please indicate in a brief statement why you wish to participate in the Walk to Emmaus. What do you expect to gain from it?

\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please enclose a non-refundable pre-registration deposit of \$50 with this application, which will be applied toward your \$100 fee for the weekend. Make your check payable to Southwest Indiana Walk to Emmaus. Your deposit will remain with your application. If you are unable to attend, please contact the registrar immediately. Cancellations must be made at least 3 weeks prior to your assigned Walk; otherwise the application must be re-submitted along with an additional \$50 pre-registration deposit.

**Candidate's Emergency Medical Information:**

Name & telephone number(s) of person to contact \_\_\_\_\_

Name & telephone number of family physician \_\_\_\_\_

Allergies to medications, foods, plants, etc. \_\_\_\_\_

**THIS PORTION TO BE FILLED OUT BY SPONSOR:**

Candidate's Name \_\_\_\_\_

Sponsor's Name \_\_\_\_\_

Sponsor's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Email \_\_\_\_\_

Church you regularly attend \_\_\_\_\_

Where and when did you make your Weekend? \_\_\_\_\_

Are you presently involved in weekly grouping?    Yes    No

Are you praying and sacrificing for your candidate?    Yes    No

How long have you know the candidate? \_\_\_\_\_

Explain why you feel that this person would be a good Candidate \_\_\_\_\_

\_\_\_\_\_

Do you feel that the candidate is capable to make the weekend?    Yes    No

Are you able to assist the candidate to get into a weekly reunion group?    Yes    No

If the candidate is married, have you or will you discuss the Walk to Emmaus with the spouse?    Yes    No    N/A

Will you participate in the Weekend?    Yes    No

Have you explained the post-weekend meetings?    Yes    No

Will you see to or care for the needs of the spouse and the family of the candidate over the weekend?    Yes    No

Have you read the Fourth Day handbook on sponsoring (pages 51-57)?    Yes    No

***AS THE SPONSOR OF THIS CANDIDATE, I WILL COVENANT TO SUPPORT THIS PERSON BEFORE, DURING AND AFTER THE WALK TO EMMAUS WEEKEND.***

\_\_\_\_\_  
SPONSOR'S SIGNATURE

\_\_\_\_\_  
DATE