



L.O.V.E. Emmaus Community

Limestone-Ohio Valley Emmaus Community

Walk to Emmaus - Registration Form

Limestone Ohio Valley Emmaus Community, Inc. Sponsor Addendum form:

As a Sponsor of a LOVE Community Pilgrim by signing and returning this form I am agreeing that I understand the following regulations:

Closed Events: (By "closed" it means that unless someone has attended an Emmaus walk or Chrysalis Flight they are not to attend the following Emmaus Events on a walk.)

- 1) Kickoff Picnic (Thursday)**
- 2) Candlelight service (Saturday)**
- 3) Closing Ceremony. (Sunday)**

For the following reasons:

By having people (adult or children) that have not been on an Emmaus Event it will 1) possibly remove some of the experience if people chose to go on a later date. 2) By allowing Children at these events it distracts not only the related family of the pilgrim but other pilgrims whom also will be missing their family members, this distraction from their own personal relationship with God (The same reasons that Phones, TV, Radios and other outside distractions are removed from the weekend.) 3) By having Children at these events it will distract some pilgrims and their genuine response and actions during these events.

Signature: _____

Printed Name: _____

Date: _____

Please also note some of the other responsibilities of the sponsor's role during the Walk.

- 1) Get your pilgrim to the kick off dinner on time.
- 2) Gather the letters from family and friends and provide them to the LOG's no later than Candle light service on Saturday night.
- 3) Take care of the Pilgrims needed items at home during the walk.
- 4) Attend the closing ceremony and provide your Pilgrim a ride home.
- 5) Be sure to notify the team if there are any special needs, such as Medications, dietary needs.



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Please complete the information below so we can meet your needs on the Walk to Emmaus weekend. All information will be kept confidential. UPON COMPLETION, PLEASE RETURN THIS FORM TO YOUR SPONSOR.

Name _____ For Name Tag _____

Address _____ Circle One: Male - Female Age _____

City _____ State _____ Zip _____ Phone (_____) _____

Circle One: Married – Single – Divorced – Widowed - Separated E-mail address: _____

Spouse's Name _____ Number of Children _____

Your occupation _____ Business Phone (_____) _____

Name of close friend other than your sponsor _____ Phone of close friend (_____) _____

Name and denomination of church you attend _____

Pastor's name _____ Address _____

Has the Walk to Emmaus been explained to you? _____ **IF NOT, ASK YOUR SPONSOR!**

Has the opportunity for fellowship following the Walk been explained? (Share groups, Monthly gatherings) _____

Are you on a special diet? _____ If yes, what type? _____

Do you have a physical limitation or health problems that may affect your full participation on the weekend? _____

If yes, please explain _____

Do you smoke? _____

Do you have allergies to food or smoke? _____ (NOTE: If yes, please list on medical form)

Do you take medications at specific times (other than 'with meals' and 'at bedtime')? _____ (NOTE: If you have any medical condition or take medications that medical personnel would need to know in case of emergency please fill out the emergency medical form, seal it in an envelope with your name and give it to the registrar when you sign in. It will be returned unopened on Sunday, unless needed.)

State briefly why you want to be involved in the Walk to Emmaus? _____

Signature _____ Date _____

GIVE THIS FORM TO YOUR SPONSOR TO COMPLETE.

Following are the dates of upcoming Walks. The Walks will be held at Ruggles Campground near Tollesboro, KY. Select the date you would like to attend.

Men's Walk #33 May 12 – 15, 2022

Women's Walk #41: June 2 – 5, 2022

Men's Walk #34 September 8 – 11, 2022

Women's Walk #42: October 6 – 9, 2022

****Note: The registrar must have this form completed before the pilgrim will be added to the walk list.**



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Limestone Ohio Valley Emmaus Community, Inc. Adult Emergency Medical Information Form

Please complete and return with your application or turn it in during registration Thursday evening of the walk. Seal it in an envelope with your name on the front. This information will be kept confidential and returned to you on Sunday. This is recommended, in case of emergency while you are at Ruggles Campground.

Name _____

Emergency Contacts (relationship) and Phone Numbers

Please list all medications (or attach a list):

If you take medications at specific times (other than 'with meals' and 'at bedtime'), please give instructions here and inform the registrar when you arrive. You will keep your meds with you. We will make sure you are aware when it is time to take your medication.

Please list any medical conditions we need to be aware of, along with instructions for assisting you if you should have a medical emergency.

Please list all allergies, including foods



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SPONSORS: Please read this section before giving the Registration Form to the prospective pilgrim.

We are counting on you to understand and fulfill the responsibilities of a Sponsor. These include:

AWARENESS AND SENSITIVITY - sponsor only those you know well enough to assess their spiritual, physical, and emotional readiness for the Walk.

PREPARATION - you are to inform the pilgrim (and spouse) of the nature and schedule of the Walk and the opportunity for ongoing Emmaus participation, share groups and gatherings. REMEMBER, NO SECRETS, ONLY SURPRISES.

SUPPORT - you are asked to support your pilgrim with transportation to and from the Walk, prayer vigil during the Walk, personal agape, attendance at Sponsor's Hour, Candlelight and Closing, escort to their first monthly gathering and assistance in finding a sharing group. Help with family needs during the weekend if so desired. Commit yourself to minimal contact with your pilgrim on the Walk, especially if it is your spouse.

Please enclose a deposit of \$15.00 to be applied to the total of \$75.00. You can make the check to LOVE Community. The deposit is non-refundable, but may be transferred to another Emmaus weekend.

PLEASE DO NOT AGREE TO SPONSOR ANY PILGRIM IF YOU CANNOT COMPLETELY FULFILL THESE RESPONSIBILITIES.

INFORMATION TO BE COMPLETED BY SPONSOR

Sponsor Name _____ Address _____

City _____ State _____ Zip _____ Phone (_____) _____

E-mail address: _____ How long have you known the pilgrim? _____

Where did you attend Emmaus/Chrysalis/Cursillo? _____

When _____ Walk # _____ Name/Denomination of your church _____

Are you in a sharing group? ____ Do you receive a newsletter? ____

Have you served as a sponsor before? _____ If so, in the past six months? _____

Specific ways the pilgrim demonstrates Christian leadership: _____

How do you think the pilgrim will benefit from the weekend? _____

Additional comments that may be helpful: _____

****Note: The registrar must have this form completed with the \$15.00 deposit before the pilgrim will be added to the walk list.**

Mail registration form to:
Tim Ratcliff
874 Linda Vista Drive
Manchester, OH 45144