

## WALK TO EMMAUS APPLICATION

**Men's Walk 52 | September 11-14, 2025 | Portage Lake Bible Camp | Onekama, MI**

**PLEASE PRINT AND FILL IN ALL BLANKS**

Name \_\_\_\_\_ Nickname: \_\_\_\_\_ ☐ M ☐ F

Address \_\_\_\_\_ Phone \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Email \_\_\_\_\_

Employer/Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_

Age \_\_\_\_ Marital Status \_\_\_\_\_ Spouse's Name \_\_\_\_\_ # Children \_\_\_\_

Do you have a health condition or physical limitations that would affect your participation on a walk to Emmaus?

☐ Yes ☐ No If yes, please specify \_\_\_\_\_

Are you on a special medically required diet? \_\_\_\_\_

If so, please specify \_\_\_\_\_ Any medication? \_\_\_\_\_

What are your hobbies & interests \_\_\_\_\_

Church and/or community activities \_\_\_\_\_

Home church \_\_\_\_\_ Denomination \_\_\_\_\_

Church address \_\_\_\_\_

Pastor's Name \_\_\_\_\_ Church Phone \_\_\_\_\_

Have you ever attended a DeColores, Cursillo, Tres Dias or similar 3 day weekend? ☐ Yes ☐ No if yes, which one and when? \_\_\_\_\_

Will your spouse also be making this weekend? ☐ Yes ☐ No, or already attended one? ☐ Yes ☐ No

Has the Walk to Emmaus been explained to you? ☐ Yes ☐ No Do you need more information ☐ Yes ☐ No

State briefly why you wish to be involved in this weekend and what you expect from it: \_\_\_\_\_

\_\_\_\_\_

Can you make a weekend on short notice ☐ Yes ☐ No Minimum notice needed \_\_\_\_\_

Emergency contact \_\_\_\_\_ Phone \_\_\_\_\_

***I understand that this is a request for reservation and receipt of this application does not guarantee me a spot on the Walk to Emmaus Weekend.***

***I further understand that the "Walk to Emmaus" is an opportunity to sit as Jesus' feet for 72 hours. To that end, I will plan to be at the walk site from 7 pm on Thursday until 7 pm on Sunday. I will leave all distraction such as cell phones, watches and hobby materials at home. In humility and dependence on God, I will be cooperative, teachable and loving to all others who I encounter on the walk.***

Signature \_\_\_\_\_

**All of the above information is necessary for your proper placement  
and your best experience on a Walk to Emmaus**

**Please enclose a minimum deposit of \$40. This will be applied toward the weekend fee of \$195 per person,  
the approximate cost of your weekend. The balance is due at Walk Registration.**

**Please make checks payable to: West Michigan Emmaus Community.**

**Please give this application and your check to your sponsor when completed.** Rev 3/23

For Registrar's use only: Date Received \_\_\_\_/\_\_\_\_/\_\_\_\_ Deposit Amt \$ \_\_\_\_\_ Check # \_\_\_\_\_ Written by \_\_\_\_\_

West Michigan Emmaus Community | PO Box 283 | Manistee, MI 49660

SPONSOR RECOMMENDATION

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There are several qualities you should look for in a prospective pilgrim. First they should already be on a pilgrimage, willing to grow and move forward in his/her journey of faith. Second, the person should already be a Christian, with a hunger to grow. They should already know God can make and has made a difference in their life. Third they should not be consumed by other situations that prohibit their full attention to the message and experience the Walk to Emmaus provides during the 72 hours and follow up activities. Finally the participant should have the full support of their spouse and pastor, and this should be confirmed by you the sponsor.

Name of Pilgrim: \_\_\_\_\_

Sponsor’ Name (s) \_\_\_\_\_ Email \_\_\_\_\_

Address: \_\_\_\_\_ Phone \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Work Phone \_\_\_\_\_

Sponsor’s Church \_\_\_\_\_ Denomination \_\_\_\_\_

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

Attend Regularly Yes No Church activities/service \_\_\_\_\_

\_\_\_\_\_

What type of Weekend you made \_\_\_\_\_ When? \_\_\_\_\_

Are you in a 4th day reunion group? ☐Yes ☐No. Do you attend Gatherings? ☐Yes ☐No How many pilgrims have you sponsored? \_\_\_\_\_

Does your candidate regularly attend church? ☐Yes ☐No Are they a member ☐Yes ☐No

Does your candidate’s pastor know they are attending an Emmaus Walk ☐Yes ☐No Do you know this candidate well enough to be able to fulfill your responsibilities as sponsor? ☐Yes ☐No How long have you known your candidate? \_\_\_\_\_

To your knowledge does this candidate have the physical, emotional and mental health needed for attending the weekend ☐Yes ☐No

Please circle the qualities that best describe your candidate: SHY OUTGOING QUIET TALKATIVE LEADER FOLLOWER

Why do you feel this person would be a good candidate for attending an Emmaus Weekend at this time? \_\_\_\_\_

\_\_\_\_\_

If the candidate is married have you personally confirmed with their spouse support of their attendance? ☐Yes ☐No Spouse’s Name \_\_\_\_\_

\_\_\_\_\_ Will the spouse also be attending this weekend ☐Yes ☐No.

Other information we should know about your candidate: \_\_\_\_\_

\_\_\_\_\_

- SPONSOR’S COVENANT
- AS A SPONSOR, I WILL DO MY BEST TO FULFILL THE FOLLOWING RESPONSIBILITIES AND WILL PRAYERFULLY UPHOLD MY PILGRIM PRIOR TO, DURING AND FOLLOWING THE WALK.
- if a candidate is married, talk to the spouse and confirm his/her support of their attending
  - transport the candidate to and from the Walk site.
  - attend Sponsor’s Hour, Candlelight & Closing
  - collect and bring Agape letters for my pilgrim by Saturday evening
  - care for the needs of my pilgrim’s family over the weekend either directly or indirectly
  - have little to no contact with my pilgrim during the weekend, especially if they are my spouse.
  - assist my pilgrim in getting into an Emmaus 4th Day Reunion Group or start one.
  - assist and encourage my pilgrim to attend Gatherings.

I understand that the Walk to Emmaus is a CLOISTERED event and that all persons working or attending events during the weekend have participated in a Walk or similar weekend. I will explain this to my pilgrim and that events are not open to the general public and family members. The weekend experience is to be one away from everyday life. We acknowledge that all participants, both pilgrims and team members will be missing their spouses and families, so in fairness to all, it is requested that NO family member or children be brought to any event during the weekend unless they have already attended a walk or similar weekend. There will be plenty of time for reunions upon their return home. The community does not provide child care and is not liable for such during any weekend event.

Sponsor Signature \_\_\_\_\_

Please mail this recommendation along with the Emmaus Application with their deposit to:

Registrar  
West Michigan Emmaus Community  
P O Box 283  
Manistee, MI 49660

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TEAM REGISTRATION

Women’s Walk 51 | May 1-4, 2025 | Portage Lake Bible Camp | Onekama, MI

Date \_\_\_\_\_ ☐Conference Room Team ☐Support Team

Name: \_\_\_\_\_ Nickname for name badge \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Email \_\_\_\_\_

Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_

Age \_\_\_\_\_ Marital Status \_\_\_\_\_ Spouse’s Name \_\_\_\_\_ # of children \_\_\_\_\_

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

Type of Weekend you attended? \_\_\_\_\_ Dates? \_\_\_\_\_ Location? \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

PREVIOUS EXPERIENCE

- ☐ Spiritual Director
- ☐ Assistant Spiritual Director
- ☐ Lay Director
- ☐ Assistant Lay Director
- ☐ Table Leader
- ☐ Assistant Table Leader
- ☐ Lead Musician
- ☐ Assistant Musician
- ☐ Board Representative
- ☐ Setup/Tear Down
- ☐ Auxiliary
- ☐ Dining Room
- ☐ Prayer Room
- ☐ Mail Room
- ☐ Snacks
- ☐ Sponsor’s Hour
- ☐ Candlelight
- ☐ Closing
- ☐ Photographer

I have chaired the following areas:

\_\_\_\_\_

\_\_\_\_\_

TALKS GIVEN

- ☐ Priority
- ☐ Prevenient Grace
- ☐ Priesthood of All Believers
- ☐ Justifying Grace
- ☐ Life of Piety
- ☐ Growth Thru Study
- ☐ Means of Grace
- ☐ Christian Action
- ☐ Obstacles to Grace
- ☐ Discipleship
- ☐ Changing Our World
- ☐ Sanctifying Grace
- ☐ Body of Christ
- ☐ Perseverance
- ☐ Fourth Day

Cost for the whole weekend: includes all meals, snacks and accommodations \$170 or \$100 for meals only (Conference room team is required to stay on site. Accommodations for support team are limited, please secure your spot as soon as possible as we have to give the camp a number by April 15

Price per meal if not staying the whole weekend \$15

We have to have a count by April 15 for the camp

Meals Needed:

Friday

- ☐ Breakfast
- ☐ Lunch
- ☐ Dinner

Saturday

- ☐ Breakfast
- ☐ Lunch
- ☐ Dinner

Sunday

- ☐ Breakfast
- ☐ Lunch

TOTAL ENCLOSED WITH REGISTRATION: \$ \_\_\_\_\_

Please return as soon as possible with the appropriate fee to:

Registrar  
West Michigan Emmaus Community  
P O Box 283  
Manistee, MI 49660