



Tampa Bay Area Emmaus Pilgrim Reservation

All TBAE Walks are held at *Rotary's Camp Florida, 1915 Camp Florida Road, Brandon, FL 33510*, a **NON-SMOKING** Facility. The Walk begins on Thursday night at 7 PM and ends at 5 PM Sunday afternoon.

Applicant Information: (Please Print)			
First Name:	Last Name:		
Name for Tag:			
Address:	City:	State:	Zip:
Cell Phone:	Home Phone:		
Email:			
Occupation:	Date of Birth:	Age:	

Medical Information (Must be completed):	
Please list any physical limitation or restrictions:	
Do you take any medication during the day (other than "at bedtime" or "upon arising")? ____ Yes ____ No	
Do you need hearing assist equipment? ____ Yes ____ No	Do you use a CPAP Machine? ____ Yes ____ No
Do you need assistance walking? ____ Yes ____ No If yes, please explain	
Do you need to be near an electric plug during your weekend? ____ Yes ____ No	

Special Dietary Needs:
Please specify any dietary needs and list known allergies (ie., Gluten or Dairy Free):

Emergency Contact (other than Sponsor)		
Name:	Relationship:	Phone:

Applicant's Signature:	Date:

Payment Information:		
The fee to attend the Walk to Emmaus is \$175. A check should be made payable to Tampa Bay Area Emmaus . A deposit of \$87.50 must accompany this application. The balance of \$87.50 must be received 10 days prior to the date of the Walk. In the event you must cancel, please have your sponsor contact the Registrar as soon as possible so that you may be rescheduled. Sponsors should check this form for completeness and submit the fee to the address below.		
Mail To: Tampa Bay Area Emmaus PO Box 129 Valrico, FL 33595	Registrar: Julie Chasney chasneyjulie@gmail.com	Payment Method <input type="checkbox"/> Check Enclosed <input type="checkbox"/> Fee Gifted by _____ <input type="checkbox"/> Scholarship Needed _____

Sponsor's Information: (All Blanks MUST Be Completed)

First Name:	Last Name:		
Address:	City:	State:	Zip:
Cell Phone:	Home Phone:		
Email:			
Church Name/Location:	Attend Regularly? ____ Yes ____ No		
Where did you go on your Walk to Emmaus?	When?	Weekend #	
Reunion Group Name?	Attend Regularly? ____ Yes ____ No		

Please verify the following statements are true by placing a check on each box preceding the statement.

- I am praying for my pilgrim.
- I have explained the Emmaus Walk to my pilgrim
- If applicable, I have discussed the walk with my pilgrim's spouse and encouraged the spouse to attend the weekend.
- I understand I am to bring my pilgrim to Rotary Camp Florida on Thursday for Send-Off at 7:00 PM and also attend weekend activities.
- I will accompany my pilgrim to the first Gathering following my pilgrim's walk.
- I will assist my pilgrim in getting established into a reunion group after the walk.
- I have read the sponsorship information provided on the website and/or the booklet I received at my walk.
- I understand the importance of minimal contact with my pilgrim during the weekend, especially if he/she is my spouse.

EMMAUS is a method of Christian renewal in the Church. Individuals recommended for Emmaus should be currently active in a local church and have a desire to deepen their faith and become closer to Christ in their discipleship. As a sponsor, you are required to provide information to the applicant to assist him/her in the decision to attend a weekend, to help him/her enter fully into the Emmaus fellowship after the weekend, and to provide prayer and other support, and to provide transportation to and from Rotary Camp Florida. Please be sure to encourage BOTH husband and wife to attend Emmaus. As a sponsor, your signature is a covenant to a vital responsibility as a member of the Emmaus Community.

Sponsor's Signature:**Date:**

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Applicant's Church and Pastor Information

The focus of the Walk to Emmaus is God, as known in Jesus Christ, and how that finds expression in the local church. The objectives of the Walk to Emmaus is to inspire, challenge, and equip local church members for Christian action in their homes, churches and places of work. Emmaus lifts up a way for our grace-filled life to be lived and shared with others.

Church Information:

Church Name:	Church Phone:		
Address:	City:	State:	Zip:

Pastor Information:

Pastor's Name:			
Pastor's Phone:	Pastor's Email:		
Attended 3-Day Weekend? ____ Yes ____ No	Where?	When?	Weekend #