



Husband and wife applications should be submitted at the same time. Any exceptions will be at the discretion of the Spiritual Director & Executive Committee.

Date of Walk _____

Men or Ladies _____

Mail to :
 Lyndsay Withey CIE Registrar
 8 Rutherford Ct
 Bloomington, IL 61705
Lyndsay.withey@gmail.com
 309-750-0048

Circle Bold Answers Below Where Applicable

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Email: (must have to email confirmation letter) _____

Name Preferred on Name Tag: _____ Birthdate: _____

Your Sponsor's name: _____

Single Divorce Widowed Separated

If Married, Spouse's name: _____

Will They go on an Emmaus Walk? **Yes No**

Has Spouse ever attended: **Emmaus Chrysalis Cursillo**

Emergency Phone# _____ Name of Contact: _____

Church now attending: _____ Pastor's Name: _____

In what religious or community organizations are you active: _____

Has the Walk to Emmaus been explained to you? **Yes No**

Have weekly reunions and other Emmaus follow-up meetings been explained? **Yes No**

Are you on a special diet? **Yes No** If so, what? _____

Do you have any health problem or physical handicap which may effect your participation on an Emmaus

Weekend? **Yes No** If yes please specify: _____

State briefly why you wish to be involved in an Emmaus Community and what you expect from it.

Signature of applicant: _____ Date: _____

All of the above information is necessary for your proper placement in a Walk to Emmaus. Please fill in all the blanks. Please enclose a pre-registration deposit of **\$50.00**. This deposit is not refundable. A **\$75.00** donation at registration (\$125 total) is suggested to partially offset the expenses of the weekend. Make your check payable to: **Central Illinois Emmaus Community**