



## The Heart of Ohio Emmaus and Chrysalis Community

### What is The Walk To Emmaus?

The Walk to Emmaus is a spiritual renewal program intended to strengthen the local church through the development of Christian disciples and leaders. The program's approach seriously considers the model of Christ's servanthood and encourages Christ's disciples to act in ways appropriate to being "a servant of all."

The Walk to Emmaus experience begins with a 72-hour short course in Christianity, comprised of fifteen talks by lay and clergy on the themes of God's grace, disciplines of Christian discipleship, and what it means to be the church. The course is wrapped in prayer and meditation, special times of worship and daily celebration of Holy Communion. The "Emmaus community," made up of those who have attended an Emmaus weekend, support the 72-hour experience with a prayer vigil, by preparing and serving meals, and other acts of love and self-giving. The Walk to Emmaus typically begins Thursday evening and concludes Sunday evening. Men and women attend separate weekends.

During and after the three days, Emmaus leaders encourage participants to meet regularly in small groups. The members of the small groups challenge and support one another in faithful living. The three-day Emmaus experience and follow-up groups strengthen and renew Christian people as disciples of Jesus Christ and as active members of the body of Christ in mission to the world.

The Upper Room, a ministry unit of the Discipleship Ministries of The United Methodist Church, sponsors the Walk to Emmaus and offers it through local Emmaus groups around the world. Although connected through The Upper Room to The United Methodist Church, The Walk to Emmaus is ecumenical.

The Walk to Emmaus offers today's disciples a parallel opportunity to rediscover Christ's presence in their lives, to gain fresh understanding of God's transforming grace, and to form friendships that foster faith and support spiritual maturity. While Emmaus provides a pathway to the mountaintop of God's love, it also supports pilgrims' return to the world and the power of the Spirit to share the love they have received with a hurtful and hurting world.

The program invites and involves the participation of Christians of many denominations. Emmaus is ecumenical not only because members of many denominations participate, but also because Emmaus seeks to foster Christian unity and to reinforce the whole Christian community. This is one of the great strengths and joys of the Emmaus movement. The fact that Emmaus is ecumenical does not mean it is theologically indifferent. On the contrary, the Walk to Emmaus is designed to communicate with confidence and depth the essentials of the Christian life, while accentuating those features that Christians have traditionally held in common.

Indicate which weekend walk you would prefer to attend. Specific weekend choices are subject to availability.

**Women's Walk**

**Men's Walk**

\_\_\_\_\_ Oct. 16-19, 2025 #78

\_\_\_\_\_ March 13-16, 2025 #62

**Section 1 – Registration - to be completed by the candidate**

**Please PRINT all information CLEARLY**

First & Last Name: \_\_\_\_\_ Name for Name Tag (if other than first name) \_\_\_\_\_

Street Address \_\_\_\_\_ City, State, ZIP: \_\_\_\_\_

Email Address: \_\_\_\_\_ Home Phone #: (\_\_\_\_) \_\_\_\_\_ Cell Phone #: (\_\_\_\_) \_\_\_\_\_

Age: \_\_\_\_\_ Marital Status: Single: \_\_\_\_\_ Married: \_\_\_\_\_ Separated: \_\_\_\_\_ Divorced: \_\_\_\_\_ Widowed: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

Are you on a special diet or medication? \_\_\_\_\_ if so, please specify: \_\_\_\_\_

Do you have a health problem or physical limitation that may affect your attendance at Emmaus? \_\_\_\_\_ if so, please specify: \_\_\_\_\_

Name of church you are now attending: \_\_\_\_\_ City: \_\_\_\_\_

Pastor's Name: \_\_\_\_\_ Church Phone #: (\_\_\_\_) \_\_\_\_\_

Close Friend: \_\_\_\_\_ Friend's Phone #: (\_\_\_\_) \_\_\_\_\_

Has the Heart of Ohio Emmaus Walk been explained to you? \_\_\_\_\_ And to your spouse (if applicable)? \_\_\_\_\_

State briefly why you want to be involved in the Emmaus community and what you expect from it: \_\_\_\_\_

**Section 2 – To be completed by Sponsor**

**Please PRINT all information CLEARLY**

**Please review application and correct any personal information that is not printed CLEARLY.** Applicants will receive a postcard indicating the application was received. **Specific weekend choices are subject to availability.** Applicantss will be contacted by letter prior to the Walk weekend when an opening becomes available for that specific weekend. After confirmation is received, the sponsor will receive an information packet to share with the applicant to assist him/her in the decision to attend a weekend, to help him/her to enter fully into the Emmaus fellowship following the Walk, and to provide prayer, other support, and transportation to/from the weekend facility.

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

Street Address: \_\_\_\_\_ City, State, ZIP: \_\_\_\_\_

Home Phone #: (\_\_\_\_) \_\_\_\_\_ Cell #: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Community, #, & Date of Sponsor's 3-Day Weekend: \_\_\_\_\_

**Please verify the following statements are true by initialing each line.**

- \_\_\_\_\_ I will respond promptly to the sponsorship packet from the Board.
- \_\_\_\_\_ I will be able to bring my pilgrim to Registration/Send-Off on Thursday evening of the walk weekend and will bring a covered dish to share.
- \_\_\_\_\_ I will attend Sponsor's Hour on Thursday evening, following Send-Off on Thursday evening of the walk weekend.
- \_\_\_\_\_ I will attend Candlelight and Closing of the walk weekend. I can also arrange transportation home for my pilgrim.
- \_\_\_\_\_ I will see to the special needs of the pilgrim's family during the walk weekend.
- \_\_\_\_\_ I will collect at least 12 agape letters from close friends and relatives and deliver to camp for the weekend.
- \_\_\_\_\_ I will take my pilgrim to the first Gathering following their walk.
- \_\_\_\_\_ I will assist my pilgrim in finding a Share group or starting a new one (if other share groups are unavailable).
- \_\_\_\_\_ I understand responsible sponsorship is vital to every Emmaus community and that wise sponsorship should be purposeful and prayerful.

**If you are serving on team, or are unable to fulfill all duties of the sponsor, please list your co-sponsor below:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Please be sure your co-sponsor is aware of all above-stated requirements.**

Sponsor's Covenant Agreement

I am making this covenant to volunteer and to be a willing servant on the walk. I will serve in one or more of these areas: Meal serving; Agape; Prayer Vigil; or Food Contributions.

Sponsor's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Section 3: Mail Completed Form (including Release of Liability)**

**Registration:** Vince Brown, 3900 CR 170 Mt Gilead, OH 43338 419-560-6662 Email: [vlbrown321@gmail.com](mailto:vlbrown321@gmail.com)

**Please attach a non-refundable \$25.00 deposit that will be applied toward the contribution of \$185.00; the \$160.00 balance is due Thursday night of the Walk. Make checks payable to HEART OF OHIO EMMAUS.** Contribution is subject to change due to camp fee increases. Specific weekend choices are subject to availability. Each applicant will be personally confirmed for a particular weekend according to space.

(Registrar's Use) Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_ Check #: \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_ Acknowledgment Sent: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Walk to Emmaus Release of Liability Form

I, the undersigned, have voluntarily decided to participate in an event called Walk to Emmaus at Camp Otyokwah, Butler, Ohio sponsored by Heart of Ohio Emmaus. I agree that I am assuming all risks of any injury to me or damage to property as a result of my participation in this event. I hereby release Heart of Ohio Emmaus, Camp Otyokwah, The Upper Room and their members, directors, officers, and agents from any and all liability of any kind resulting from any injury to me or damage to any of my property while I am participating in the event. I further agree to indemnify and save and hold harmless Heart of Ohio Emmaus, Camp Otyokwah, The Upper Room and their members, directors, officers, and agents from any and all claims or demands arising out of or a result of my participation in this event.

I, the undersigned, also hereby authorize any member director, officer or other agent of Heart of Ohio Emmaus, who is assisting in the event, to assist me in seeking any emergency medical attention that I may require while participating in the event, with the understanding that neither Heart of Ohio Emmaus nor its members, directors, officers or agents are required to assist me with any emergency medical attention which may be required while I am participating in the event.

Medical Insurance Provider: \_\_\_\_\_ Medical insurance policy # \_\_\_\_\_

The principle insured on my medical insurance policy is: \_\_\_\_\_

My medical insurance provider can be reached at (Phone): \_\_\_\_\_

In case of an emergency, you can call: \_\_\_\_\_

Relationship to participant: \_\_\_\_\_ Phone: \_\_\_\_\_

Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

I certify that the above information is correct, and I have voluntarily executed the Release/Liability Form.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_