

***** CANDIDATE REGISTRATION (FORM CR-2023, PAGE 1 OF 2) *****

The focus of The Walk With Christ community is not on itself, but on the local church. The objective of the "Walk" is to inspire, challenge, and equip local church members, ages 21 and older, for Christian action, in their homes, churches, places of work and communities. The weekend is a 3-day (72 hours) experience that begins Thursday evening and concludes Sunday evening.

The Gospel of St. Luke relates the story of the risen Christ appearing to two who were walking along the road from Jerusalem to Emmaus (Luke 24:13-35). This story provides the image for The Walk With Christ Weekend that calls for and renews Christian discipleship. Two friends were walking together. They were sharing their deepest hearts' concerns. The risen Christ joined them and explained the scriptures as they walked; how it was ordained that Christ should suffer and so enter his glory. This experience on the road was a heart-warming experience as the risen Christ walked and talked with them. The illuminating climax of the experience was when Christ took the bread and said the blessing, then broke it and gave it to them. The two had their eyes opened and they recognized him as the risen Christ. The Walk With Christ is centered in the weekend experience. This "Walk" is with friends; the scriptures are explained in such a way to bring light and understanding to our needs. For many, it will be a heart-warming experience. Many will share so deeply in worship and Holy Communion that their eyes will be opened and see the risen Christ. Participants will study, discuss, and experience God's grace in community. The context will be in 15 presentations led by lay and clergy and around the theme of God's grace and how that grace comes alive in the Christian community and expresses itself in the world. This grace will become personal in small communities through a unique approach to table group discussions. Those attending the weekend personally experience God's grace through prayers and acts of service of a living support community. One of the primary strengths of The Walk With Christ is the follow-up activities.

There are two expectations of a person following his or her "Walk With Christ":

- 1. Expand his/her own inner spiritual life.**
- 2. Become a more active disciple of Christ in the World through his/her church.**

Statement of Faith

We believe in the inspired Word of God and the Holy Scriptures as our authority of faith and practice. We believe in the Holy Trinity as one God manifested in three persons: Father, Son, and Holy Spirit. God is our Father, Creator, and Sustainer of all life. Jesus Christ is true God and true man, and He is the only way to the Father because of His unique birth, life, death, resurrection, and ascension. The Holy Spirit is equally God whose ministry is to convict, indwell, and empower every Christian. We believe man (Genesis 5:1-2) was created in God's image, but through Adam's fall we inherited a sinful nature. Personal salvation is attained only through acceptance of Jesus Christ as our Personal Savior. Discipleship, growth, and accountability in Christ & the Church are necessary for every believer. We believe in God's prevenient, justifying, and sanctifying grace which draws us into divine relationship — that it must be claimed as an act of faith and is then perfected through the power of the Holy Spirit. Baptism and Holy Communion are the outward and visible signs of this inward and spiritual grace. We believe that the local church is Christ's witness to the world. We believe The Walk With Christ Weekend supports the local church by nurturing and encouraging dedicated Christian leaders by promoting unity, inspiration, and fellowship in Christ.

CANDIDATE SIGNATURE: _____

PASTOR SIGNATURE: _____

By signing above, I acknowledge The Walk With Christ purpose, basis and Statement of Faith, and endorse this candidate's participation in this weekend event. In the event one spouse attends The Walk With Christ weekend and the other spouse does not, I don't believe there will be a negative impact on their marriage."

(Please Print) Pastor's Name: _____ **Phone:** _____

Church: _____ **How long candidate known:** _____

***** CANDIDATE REGISTRATION (FORM CR-2023, PAGE 2 OF 2) *****

It is your responsibility as sponsor to (1) read the latest edition of the *Sponsor's Handbook* that's available on the Walk website; (2) pray about who to invite to make a Walk; (3) be certain the person is ready spiritually, emotionally, and physically for a Walk; (4) following all the guidelines in the *Sponsor's Handbook*; (5) Commit to fulfilling all expectations of a sponsor from now to the Walk, during the Walk weekend and agree to support & disciple this person for their Fourth Day. If your candidate's spouse is not making a Walk, please submit a letter stating that it is in the best interest of the person to make a Walk at this time without his/her spouse.

IMPORTANT! If you have not received a confirmation of your request within ten days, please contact the Registrar by email or phone (found under Community Resources, Secretariat Information, Current Members.

TO BE COMPLETED BY SPONSOR

Requested Number, Location, Date of Walk: _____

Sponsor Name: _____ Phone Number: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

E-Mail: _____

When/Where Did You Make Your Walk/Cursillo: _____

If you have misplaced your sponsor handbook, please check here if you would like a copy: _____

Sponsor Handbook is also available for download from the website under Community Resources.

TO BE COMPLETED BY CANDIDATE

Name: _____ Preferred Name for Name Tag: _____

Age: ____ Sex: ____ Phone No. (____) _____ Phone No. (____) _____ E-mail: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

EMERGENCY CONTACT NAME/PHONE: _____

Circle the One That Best Describes You:

Married Single Separated Divorced Widowed Spouse Attended Prev. Walk

Married - Spouse Not Attending (*Requires a letter from the sponsor discussing the benefit/reason.*)

Church You Attend Incl. City and State: _____

Church Activities and/or Christian Ministry You Participate In: _____

List any life-threatening food allergies: _____

List any debilitating diet/health restrictions: _____

Medical needs (medications, CPAP, wheelchair, hearing, etc.): _____

Mail completed application pages to

Oscar Fujii
1784 Yaquina Drive
Post Falls, ID 83854

OR

e-mail scanned pages to:
twwregistrar@gmail.com

**NAMES OF CANDIDATE & SPONSOR SHOULD BE IN THE SUBJECT LINE IF EMAILING FORM TO THE REGISTRAR.
KEEP A COPY OF THIS COMPLETED FORM. IF YOU DON'T HEAR FROM REGISTRAR W/IN 10 DAYS, CONTACT HIM/HER.**