

# EAST OHIO EMMANUEL EMMAUS CANDIDATE APPLICATION

Please indicate your preference, if available: ( ) Spring (X) Fall ( ) Men's ( ) Women's

Name: \_\_\_\_\_ Name tag to read: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Emergency Phone: ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_ (Newsletter will be sent via e-mail)

Age: \_\_\_\_\_ Occupation: \_\_\_\_\_ # of children: \_\_\_\_\_

( ) Single ( ) Married - Spouse's Name: \_\_\_\_\_ ( ) Divorced ( ) Widowed ( ) Separated

Pastor's name: \_\_\_\_\_ Pastor's phone: ( ) \_\_\_\_\_

Church's Name and mailing address: (street, city, zip)

\_\_\_\_\_  
\_\_\_\_\_

Pastor's signature (**required**): \_\_\_\_\_ Date: \_\_\_\_\_

In what community and religious organizations are you currently active?

\_\_\_\_\_  
Other Interests: \_\_\_\_\_

**Important:** Do you have any food allergies or dietary conditions ( ) N ( ) Y if Yes, Please explain:

\_\_\_\_\_

Do you have any health conditions or physical disabilities that need accommodations on the weekend? ( ) N ( ) Y

If yes, please explain: \_\_\_\_\_

Has your sponsor explained the following to you: (Indicate YES by a check mark)

( ) Emmaus location ( ) Transportation ( ) Emergency Info ( ) Group Reunion ( ) Gatherings

State briefly why you wish to attend: \_\_\_\_\_

Have you accepted Christ as your Savior? ( ) YES ( ) NO. Do you attend church regularly? ( ) YES ( ) NO

\*\*\*\*\*

The above information is necessary for your proper placement in a Walk to Emmaus. *Early application is recommended as space is limited.* **The cost of the weekend is \$175.00.** This includes all meals, lodging, and supplies. **Please enclose a minimum deposit of \$50.00 made payable to "East Ohio Emmanuel Emmaus" with the application.** The balance will be required **two weeks** before the walk. Do not let your inability to pay deter your attendance. Please note if you would like to be contacted concerning payment.

( ) Yes, please contact me

Candidate signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return this to your sponsor when completed.**

Sponsor Name: \_\_\_\_\_ Sponsor Phone: ( ) \_\_\_\_\_

For PreWalk Committee:

DATE RECEIVED: \_\_\_\_\_ BY: \_\_\_\_\_ AMT OF DEPOSIT REC'D: \_\_\_\_\_