

EAST OHIO EMMANUEL EMMAUS CANDIDATE APPLICATION

Please indicate your preference, if available Spring Summer Fall

Name: _____ Nametag to read: _____

Address: _____ City: _____ State/Zip: _____

Home Phone : () _____ Emergency Phone : () _____

Age: _____ Occupation: _____ # of children: _____

EOEE By-laws: "Spouses should be recruited at the same time. Exceptions can be made with approval from board committee."

Upper Room Handbook: Equal Commitment Rule reads: "Husbands and wives should make an equal commitment to participate."

Single Married - Spouse's Name: _____ Divorced Widowed Separated

Email Address: _____

Church now attending _____

Pastor's name: _____ Pastor's phone: () _____

Church mailing address: (street, city, zip) _____

Pastor's signature (required): _____ Date: _____

In what community and religious organizations are you currently active? _____

Other Interests: _____

→ Do you have any health condition, physical handicap, or dietary restrictions, which may affect your attendance at a Walk to Emmaus? YES / NO

→ Is there any physical reason you could not be assigned to a top bunk? YES / NO

→ If yes to either question, 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 **\$120.00**, which includes meals, lodging, and supplies. Please **enclose a pre-registration deposit of \$50.00** made payable to "East Ohio Emmanuel Emmaus". The **balance will be required upon your arrival.** Please do not let your inability to pay deter your attendance.

Yes, I wish to receive the EOEE Newsletter online! (Be sure to include your email above...)

Candidate signature: _____ Date: _____

Please return to your sponsor when completed.

Sponsor Name: _____

Sponsor Phone: () _____



FOR EMMAUS USE ONLY



DATE REC'D: _____ BY: _____ AMT DEPOSIT REC'D: _____ LTR SENT _____

REVISED 10/07