

EAST OHIO EMMANUEL EMMAUS CANDIDATE APPLICATION

Please indicate your preference, if available: Spring 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 \$215.00.** 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: _____