

Bread of Life Walk To Emmaus



Application

TO BE FILLED OUT BY CANDIDATE: (Please provide all information requested. Form will be returned if all requested information is not provided.) Spouse must complete a separate application.

Applying for: Year _____ Spring Summer (if offered) Fall

Full Name _____ Address _____

City _____ State _____ Zip _____ Phone (____) _____

Cell Phone (____) _____ E-mail Address _____

Name to appear on nametag _____ Age _____ Birth Date _____

Marital Status: M ___ S ___ D ___ Sep ___ W ___ # of children _____ Spouses Name _____

If married, will your spouse attend the same set of Walks? _____ In order for your application to be considered, if your answer is NO, a detailed, written explanation is required. Please use the reverse side for your explanation.

Employer _____ Business Phone (____) _____

If retired, what type of work did you do? _____

Closest relative (other than spouse), friend or neighbor to contact in case of emergency or special need:

Name _____ Relationship _____ Address _____

City _____ State _____ Zip _____ Phone (____) _____

Are you on a special diet? _____ If so, please explain _____

Are you on medication to be taken at specific times? _____ If so, please explain _____

Do you have difficulty hearing? _____ If so, do you use a hearing aid? _____ Do you snore? _____

Do you have a health problem or physical impairment that may affect your involvement in the Walk to Emmaus? _____ If so, please explain _____

Will you require a cot? _____ **Air mattresses are provided, there is a \$20 additional fee for a cot.**

State briefly why you wish to be involved in the Emmaus Community and what you expect from it:

Name and Denomination of Church you now attend: _____

Pastor's Name _____ In what religious or community organizations are you active? _____

Have the following events been explained to you by your sponsor?

Walk to Emmaus _____ Monthly Gatherings _____

On the reverse side, please give any other special information you feel is important.

Sponsor's Name _____ Phone (____) _____

Sponsor's Mailing Address _____

I INTEND TO BE PRESENT FOR THE ENTIRE WALK TO EMMAUS (Thursday 6:30 pm through Sunday 6:30 pm)

Candidates Signature _____ Date _____

Please enclose a pre-registration deposit of \$25.00. This will be applied toward your contribution of \$100.00, which will partially offset the expenses of your weekend. Once accepted, this deposit is non-refundable. Make check payable to: **Bread of Life Emmaus**. Thank you. Please notify your sponsors that your application is complete or mail/take it to them.

OFFICIAL USE ONLY

Paid Deposit _____ Name On Check _____ Balance Due _____ Postmark _____

Acceptance Letter Mailed _____ Sponsor Letter Mailed _____

Walk Date: _____ Held Over: _____