

EMMANUEL EMMAUS (To be filled out by applicant with sponsor)

IMPORTANT: All of the information on this form is necessary for proper placement on a Walk to Emmaus.
Please fill in all blanks.

Applying for : 20____ Spring____ Fall____

Name_____ Name desired on name tag_____

Address_____ City_____ State_____ Zip_____

Phone # Home (____)_____ Cell (____)_____ Other (____)_____

Email Address_____

Marital Status: M____ S____ D____ W____ Sep.____ Age____ Sex_____

Emergency Contact_____ Phone # (____)_____

Address_____ City_____ State_____ Zip_____

Name/Denomination/Address of Church now attending_____

Pastor's Name_____ Pastor's Email_____

Pastor's Address (if different from church address)_____

Religious/Community Organizations you are active with_____

Have the following been explained to you? The Walk to Emmaus____ Follow-up____ Reunion Group____

Do you have any health problems/physical handicaps that may affect your attendance?_____

If yes, explain_____

Please list any medical needs (ex. Outlet for CPAP, etc...)_____

Can you? Climb stairs_____ Sit for long periods_____ Sleep in top bunk_____

Please circle any food restrictions you have:

Gluten Free Diabetic Dairy Free Vegetarian Food Allergies?_____

If you take medication other than upon awaking, mealtime or bedtime, please list times _____

State briefly why you wish to attend a Walk to Emmaus, and what you expect from it _____

I understand that my signature here signifies a commitment to the full 72 hour weekend if accepted for The Walk to Emmaus.

Applicant's Signature_____ Sponsor's Name_____