

# 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 complete 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: \_\_\_\_\_