

GREAT PLAINS EMMAUS

Application

Walk Number: _____ Date: _____

TO BE FILLED OUT BY THE CANDIDATE: (Please provide all the information requested)

Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Home Phone: () _____

Age: _____ Date of Birth: ____/____/____ Male: _____ Female: _____ Marital Status () Married
() Single

Spouse's Name: _____ Number of Children _____ () Divorced

Your Occupation: _____ Employer: _____

E-mail Address: _____ Work Phone: () _____

Name of Church You Attend: _____ Denomination: _____

Pastor's Name: _____ Highest Education Level: () High School
() College

E-mail Address: _____ () Grad School
() Other

Name you would like on name tag: _____

Can you be off for the entire weekend (Thursday evening through Sunday evening)? () Yes () No

Do you snore? (Check one): () Not at all () Softly () Medium () Loudly () Buildings shake

Do you require any of the following:

- special bedding? Specify: _____
- special diet? Specify: _____
- special medications? Specify: _____

Is there a health problem or physical handicap that may affect your attendance at the Walk? If so, please explain:

Doctor's Name: _____ Phone: (____-____) State: _____

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

Have the following been explained to both you and your spouse:

- What the Walk is about () Yes () No
- Activities during the weekend? () Yes () No
- Reunion Groups () Yes () No
- Transportation to the site? () Yes () No
- Post Emmaus Meeting? () Yes () No
- Monthly Gatherings? () Yes () No
- Answer any other questions? () Yes () No

Is your spouse (if applicable) committed to attending an Emmaus Walk as well? () Yes () No

By signing this form, you will be committing yourself to be present for the entire Emmaus Walk (Thursday evening through Sunday evening).

Candidate's Signature: _____ Date: _____

A non-refundable pre-registration deposit of \$25.00 is required.

This will be applied toward your total cost of \$ 250.00 Please make checks payable to GREAT PLAINS EMMAUS.

For Office Use Only: Amount Paid _____ Date: _____ Check #: _____ Paid By: _____

Other Info: _____ Sponsor: _____ Sponsor Letter Sent: ☐ E-Mail: _____ ☐ Regular Mail: _____

Candidate Letter Sent: ☐ E-Mail: _____ ☐ Regular Mail: _____ Candidate Confirmed: ☐ Yes Date: _____