

# 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

Spouse's Name: \_\_\_\_\_ Number of Children \_\_\_\_\_ ( ) Single

Your Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ ( ) Divorced

E-mail Address: \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Name of Church You Attend: \_\_\_\_\_ Denomination: \_\_\_\_\_

Pastor's Name: \_\_\_\_\_ Highest Education Level: ( ) High School

E-mail Address: \_\_\_\_\_ ( ) College

Name you would like on name tag: \_\_\_\_\_ ( ) Grad School

( ) Other

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 \$ 225.00 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: \_\_\_\_\_