## 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.

Address	Applying for: Year					
Cell Phone ( E-mail Address Age Birth Date	City	State	Zip	ĺ	Phone ( )	
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	Cell Phone ( )	E-mail Addres	SS	2		
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	Name to appear on nametag			Age	Birth Date	
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	Marital Status: M S D	Sep W	# of child	dren Sp	ouses Name	
your answer is NO, a detailed, written explanation is required. Please use the reverse side for your explanation. Employer	If married, will your spouse atter	nd the same set of	Walks?	In order for	your application to be	considered, if
Employer Business Phone ( )						
Closest relative (other than spouse), friend or neighbor to contact in case of emergency or special need:  Name	Employer	And the last of th		Business Phor	ne ()	A CONTRACTOR OF THE STATE OF TH
Closest relative (other than spouse), friend or neighbor to contact in case of emergency or special need:  Name	If retired, what type of work did y	you do?				
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: In what religious or community organizations are you active? 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 / INTEND TO BE PRESENT FOR THE ENTIRE WALK TO EMMAUS (Thursday 6:30 pm through Sunday 6:30 pm)  Candidates Signature Date Date Please enclose a pre-registration deposit of \$25.00. This will be applied toward your contribution of \$125.00, 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 Sponsor Letter Mailed Spon	Closest relative (other than spot	use), friend or neigh	hbor to contac	ct in case of e	mergency or special i	need:
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Do you have a health problem or physical impairment that may affect your involvement in the Walk to Emmaus? If so, please explain						
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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 / 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 \$125.00, 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  Sponsor Letter Mailed Sponsor Letter Mailed Postmark	State briefly why you wish to be	involved in the Er	nmaus Comm	unity and wha	it you expect from it:	
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