

SHOW ME THE WAY

Emmaus Community

Southwest Missouri

FEE \$100



Application to Attend a Walk--To Be Completed by Applicant--Please Print Clearly

Note: All information requested is necessary for your proper placement on a Walk to Emmaus weekend.

Please fill in **ALL BLANKS**. Placement on a Walk will be made based on date application is received by the Registrar and available space.

Name _____ Mr. Mrs. Ms. Age _____ Sponsor's Name _____

What name do you want on your name tag? _____ Phone: _____

Married Single Widowed Divorced Spouse's Name _____ Has your spouse been on a Walk? Yes No

If "Yes," where? _____ Walk No. _____

Address _____ City _____ ST _____ Zip _____

Birth Date ____/____/____ Email Address _____

Has the purpose of the Walk to Emmaus been explained to you? Yes No

On the back of this form, state briefly why you want to be involved in the Emmaus Community, and what you expect from it.

MEDICAL INFORMATION--MUST BE COMPLETED

Are you on a special diet? Yes No If "Yes," please specify _____

Are you on any medications? Yes No If "Yes," please list _____ (use back if needed)

Are you a smoker? Yes No Do you snore? Yes No Do you have any physical conditions that may affect your participation in all parts of the Emmaus weekend? Yes No If "Yes," specify _____

Do you require any physical assistance? Yes No If "Yes," specify _____

EMERGENCY CONTACT--OTHER THAN SPONSOR

Name _____ Relationship _____

Daytime Phone (____) ____ -- _____ Evening Phone (____) ____ -- _____ Pager/Cell Phone (____) ____ -- _____

Primary Physician's Name _____ Emergency Phone (____) ____ -- _____

How much notice would you need to be rescheduled to an earlier Walk? 3 days 1 week 2 weeks 1 month [Circle one]

I agree to allow my photograph to be used in Show Me the Way Community news articles in print and on the Internet [Circle one]: Yes No

Applicant's Signature _____

CLERGY CERTIFICATION

In my opinion, this person is currently active and has leadership potential in our church.

Pastor's Signature _____ Church _____

You must be sponsored on your Walk by someone who has completed a Walk to Emmaus, Cursillo, Chrysalis, or similar weekend. **A deposit of \$50 must accompany this application.** The deposit is non-refundable unless cancelation is made in writing at least 45 days prior to the Walk. **The remaining \$50 is due upon confirmation 45 days prior to attending the Walk.** Persons confirming attendance and not attending the Walk will not receive any refund. A new application and deposit will be required if the applicant still desires to attend a Walk.

Please give this completed Application with deposit or full payment to your Sponsor for submittal to Registrar.