

NEW HORIZON EMMAUS COMMUNITY

Candidate's Application

Birth date: _____ M F Age _____

Name: _____

Mailing Address: _____

City: _____ State: ____ Zip: _____

Phone: (Home/Cell) _____
(Work) _____ Ext: _____

E-Mail: _____

Occupation: _____

Company Name: _____

Church Affiliation: _____

Spouse Name: _____

Has your spouse attended a Walk? Y N

If yes, please put the date: _____

Are you on a special diet: Y N

If yes, please explain:

Are you on special medication?

If yes, please list:

Do you have any health problems or physical challenges that could affect your participation at a Walk to Emmaus?

Sponsor's Name: _____

Street: _____

City: _____ State: ____ Zip: _____

Phone Number: _____

Do you snore? Y N

Do you smoke? Y N

Do you have trouble hearing? Y N

Has the Walk to Emmaus been explained to you including the Post-Walk to Emmaus activities? Y N

Signature: _____

Pastor's Signature: _____

Name and phone # in case of emergency (other than family):

Name: _____

Phone # _____

Please return this application to your Sponsor who will mail it to the appropriate registrar.