

# NEW HORIZON EMMAUS COMMUNITY

## Candidate's Application

Birth date: _____	M <input type="checkbox"/>	F <input type="checkbox"/>	Age _____
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Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Phone: (Home/Cell) _____
(Work) _____ Ext: _____
E-Mail: _____

Occupation: _____
Company Name: _____

Church Affiliation: _____
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Spouse Name: _____
Has your spouse attended a Walk? Y <input type="checkbox"/> N <input type="checkbox"/>
If yes, please put the date: _____

Are you on a special diet: Y <input type="checkbox"/> N <input type="checkbox"/>
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 <input type="checkbox"/> N <input type="checkbox"/>
Do you smoke? Y <input type="checkbox"/> N <input type="checkbox"/>
Do you have trouble hearing? Y <input type="checkbox"/> N <input type="checkbox"/>
Has the Walk to Emmaus been explained to you including the Post-Walk to Emmaus activities? Y <input type="checkbox"/> N <input type="checkbox"/>

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.