

**NEW HORIZON EMMAUS COMMUNITY
Candidate Application**

Date of Birth: _____ **Age:** _____

Gender: Male _____ Female _____

Full Name: _____

Mailing Address: _____

City: _____ **State:** _____

Zip: _____ **Phone:** _____

Email: _____

Occupation: _____

Employer: _____

Church Affiliation: _____

Spouse's Name: _____

Has your spouse attended a Walk? Yes _____ No _____

If yes, please put the date: _____

Sponsor's Name: _____

Sponsor's Address: _____

City: _____ **State:** _____

Zip: _____ **Phone:** _____

Snore? Yes _____ No _____

Smoke? Yes _____ No _____

Trouble Hearing? Yes _____ No _____

**Has the Walk to Emmaus
been explained?** Yes _____ No _____

Are you on special medication?

Yes _____ No _____

If Yes, please list:

Emergency Contact: _____

Emergency Contact Phone: _____

**Do you have any health problems or
physical challenges that could affect
your participation?**

Signature: _____

Pastor Signature: _____

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