

Southern Ohio Emmaus - Application

This application is to be filled out by the *Candidate*. Kindly fill in all the areas that apply to you. All of the information you supply is for appropriate placement on the walk and will stay confidential



Request for Reservation for following walk, please check one:

- | | | | |
|--|-------------------|--|-------------------|
| <input type="checkbox"/> Women's Spring Walk #52 | March 15-18, 2012 | <input type="checkbox"/> Men's Spring Walk #52 | April 12-15, 2012 |
| <input type="checkbox"/> Women's Fall Walk #53 | Sept. 27-30, 2012 | <input type="checkbox"/> Men's Fall Walk #53 | Oct 25-28, 2012 |
| <input type="checkbox"/> Women's Spring Walk #54 | March 7-10, 2013 | <input type="checkbox"/> Men's Spring Walk #54 | April 18-21, 2013 |
| <input type="checkbox"/> Women's Fall Walk #55 | Sept. 12-15, 2013 | <input type="checkbox"/> Men's Fall Walk #55 | Oct 17-20, 2013 |

TO BE COMPLETED BY THE APPLICANT (PLEASE PRINT):

Name				Preferred first name for nametag				
Address				Email Address				
City				State	Zip code			
Home Phone				Work Phone				
Marital Status		Sex M <input type="checkbox"/> F <input type="checkbox"/>	Age	Employer				
Spouse				Occupation				
Has your spouse been on a Walk? No <input type="checkbox"/> Yes <input type="checkbox"/>				If so, Walk Number				
Church you attend				Pastor				
Are you on a special diet? No <input type="checkbox"/> Yes <input type="checkbox"/> Explain								
Are you on any medication? No <input type="checkbox"/> Yes <input type="checkbox"/> Explain								
Do you have any medical or physical limitations that may affect your participation at the Emmaus Weekend? No <input type="checkbox"/> Yes <input type="checkbox"/> Explain								
In case of emergency during the weekend, contact:								
Daytime Phone			Evening Phone					
Has the Emmaus Walk been explained to you?			Briefly, why do you wish to attend the Emmaus weekend and what do you expect to get from it?					
Close friend's name								
Friend's address and phone#								
<p>LIABILITY RELEASE: By signing this form, I understand that I release the Southern Ohio Emmaus Community, , Camp Akita, The Upper Room and any other party directly or indirectly involved with any Emmaus Walk from any and all liability, claims, or demands for personal injury, as well as personal property damage or any expenses as a result of participation in the Emmaus Walk.</p> <p><i>PARTICIPANT'S SIGNATURE</i> <i>Date</i></p>								
<p>Please attach a non-refundable pre-registration deposit of \$25.00. This deposit will be applied toward the contribution of \$125.00. This partially offsets the expense of the Emmaus weekend. Make Checks payable to: Southern Ohio Emmaus</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <p><u>Women's Registrar</u> Alice Moneypenny 1450 Ginder Rd NW Lancaster, OH 43130 740-756-9148</p> </td> <td style="width: 50%; vertical-align: top;"> <p><u>Men's Registrar</u> Sterling Dietrich 43772 Carbonhill Buchtel Rd. Nelsonville, OH 45764 740-753-3648</p> </td> </tr> </table>							<p><u>Women's Registrar</u> Alice Moneypenny 1450 Ginder Rd NW Lancaster, OH 43130 740-756-9148</p>	<p><u>Men's Registrar</u> Sterling Dietrich 43772 Carbonhill Buchtel Rd. Nelsonville, OH 45764 740-753-3648</p>
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REGISTRAR'S USE ONLY: Date Received _____ Deposit:\$

SPONSOR'S INFORMATION

(to be completed by Sponsor)

Pilgrim's Name

TO BE COMPLETED BY THE SPONSOR (PLEASE PRINT):

Sponsor's Name

Address		Email Address	
City		State	Zip code
Home Phone		Work Phone	

What walk did you attend? Emmaus Community Walk Number

If not currently affiliated with Southern Ohio Emmaus, which community?

Church you attend PastorHave you ever sponsored someone? No Yes Have you attended a sponsorship class? No Yes

If you have not attended a sponsorship class, you must have a co-sponsor who has attended a sponsorship class.

Co-Sponsor Name (If required)

Address		Email Address	
City		State	Zip code
Home Phone		Work Phone	

PLEASE ANSWER THE FOLLOWING QUESTIONSHave you explained the Walk to Emmaus to your pilgrim? Yes No Does your pilgrim have any special needs we should know about? _Yes No

If so, what are they?

Have you explained the \$125.00 fee to your pilgrim? Yes No Do you, as a sponsor, understand that the registration fee is to be paid prior to attending the walk? Yes No Will you be bringing your pilgrim to Camp Akita on Thursday night? Yes No If not, who will? Phone #Do you understand that it is your responsibility to attend to any needs your pilgrim's family may have while your pilgrim is on the walk? Yes No Will you be attending closing on Sunday in order to give your pilgrim a way home? Yes No If not, have you made arrangements for your pilgrim to get home? Yes No Will you be available throughout the weekend in case of emergency? Yes No If not, who will? Phone #

If you have any questions, you should get in touch with the registrar that is in charge of your pilgrim's walk. Both numbers are on the bottom of the Emmaus Application Form.

If needed, you can also contact the board chairperson, Heather Pullins at 614-307-4227