



Oceanside Emmaus

Candidate Application with Sponsor Information

Cost: \$235 At least \$100 is due with this completed form to reserve a spot. The balance is due one week before the Walk
Deposit: *a spot. The balance is due one week before the Walk*
Balance due:
Refund Policy: Two weeks prior to the walk – 50% will be refunded or transferred forward
 One week prior to the walk – no refunds or transfer forward

Please print or type, filling in **all** the blanks. This is necessary for your proper placement in the Walk to Emmaus.

CANDIDATE INFORMATION	One Candidate per application	<i>PRINT LEGIBLY</i>
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Full Name (for Name Tag :)		
Address:	Date of birth:	Gender: M F
City:	Do you smoke?	
State / Zip:	M/S(circle one): Married Single Divorced Widowed	
Primary Phone:	Spouse's Name:	
e-mail:	Has Spouse Attended Emmaus? Yes No Walk #:	

HEALTH INFORMATION

Do we need to make accommodations for any health or physical limitations? Yes: ____ No: ____ **If yes, please explain:**
 List hearing or visual difficulty; difficulty walking or climbing stairs; sleeping disorders; any other special needs:

Does your medication require special handling (such as refrigeration or mixing)? Yes: ____ No: ____
If yes, please explain:

Are you on a special diet? Yes: ____ No: ____ **If yes, please be very specific about restrictions:**

CHURCH / PASTOR

Church (full name):	Pastor's Name:
Church Address:	Church Phone:
	Denomination:

EMERGENCY CONTACT

Name:	Relationship:	Phone:
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If the Walk is full, shall we put you on a waiting list, which may be a last minute confirmation? _____
 If we cannot confirm for the upcoming Walk, do you want to be on the list for the next Walk? _____

Once Completed and Signed: Please give this application to your sponsor for processing.

CANDIDATE AND PASTOR SIGNATURE <i>(Required)</i>		Oceanside Emmaus 6500 SW 47th Street Davie, FL 33314 fayclarke47@gmail.com Make checks payable to: <i>Oceanside Emmaus</i>
Candidate Signature:	Date:	
Pastor Signature:	Date:	

SPONSOR INFORMATION (to be completed by Sponsor)

Name:	Primary Phone:
Address:	Date of Birth:
City / Zip:	E-mail:
Sponsor Signature:	Date:

For Registrar's Use Only	
Date Received:	Amount:
Funds Received From:	Ck #: