

Oceanside Emmaus

Candidate Application with Sponsor Information

Cost: \$250

Deposit: At least \$100 is due with this <u>completed</u> form to reserve a spot.

Balance due: The balance is due THREE weeks before the Walk **Refund Policy:** One Month prior to the walk – 100% will be refunded

Three weeks prior to the walk – no refunds or transfer forward

Please print or type, filling in all the blanks. This form MUST BE LEGIBLE.

This is necessary for your	proper	placeme	nt in the Walk	to Emmaus.		
CANDIDATE INFORMATION One	application		PRINT LEGIBLY			
Full Name (for Name Tag:)						
Address:		Date of birth:			Gender: M F	
City:		Do you smoke?				
State / Zip:				Married Single	Divorced Widowed	
Primary Phone:		Spouse's Name:				
e-mail:		Has Spouse Attended Emmaus? Yes No V			No Walk #•	
HEALTH INFORMATION						
Do we need to make accommodations for any health or List hearing or visual difficulty; difficulty walking or c	limbing	g stairs; sl	leeping disord	lers; any other sp		
Does your medication require special handling (such as If yes, please explain:	s refrig	eration oi	mixing)?	Yes: N	Io:	
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:		
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 (Required)		2 0300 SW 47 SHEEL				
Candidate Signature: D	Date:		Davie, FL 33314			
Pastor Signature: D	Date:			Oceanside.emmaus24@gmail.com Make checks payable to: Oceanside Emmaus Or Zell Payments to:Oceanside.emmaus24@gmail.com		
SPONSOR INFORMATION (to be completed	d by S	ponsor)				
Name: Primar			y Phone:			
Address: Date			of Birth:			
City / Zip: E-mail:						
City / Zip:		E-mail:				
City / Zip: Sponsor Signature:		E-mail:		Date:		
Sponsor Signature:		E-mail:		Date:		
			nount:	Date:		