

# EASTERN SHORE EMMAUS

APPLICATION TO ATTEND AN EMMAUS WEEKEND  
**TO BE COMPLETED BY THE APPLICANT**  
(Please Print Clearly)

Name \_\_\_\_\_ Name you like to be called \_\_\_\_\_

Mailing Address \_\_\_\_\_  
Street City State Zip

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ Sex: Male / Female

E-Mail Address (optional): \_\_\_\_\_

Birth Date \_\_\_\_\_ Occupation \_\_\_\_\_ Marital Status \_\_\_\_\_

1. Has the Walk to Emmaus program and the Emmaus weekend been explained to you? Yes / No
2. Has the importance of the "follow-up" programs (Fourth day, group reunions, etc.) been explained to you? Yes / No
3. Spouse's first name \_\_\_\_\_ Has your spouse attended a weekend? Yes / No  
If **yes**, where and when \_\_\_\_\_ If **No**, is your spouse a current applicant? Yes/No
4. Has any other relative attended a weekend? Yes / No If **Yes**, where and when \_\_\_\_\_  
How are you related and their name? \_\_\_\_\_
5. Are you on any special diet/ medication? Yes / No If so, what? \_\_\_\_\_
6. Do you have any problems or physical handicap that may affect your attendance? Yes / No  
If **yes** please specify \_\_\_\_\_
7. What size T-shirt do you wear? \_\_\_\_\_
8. What church do you attend? \_\_\_\_\_

	Name	Denomination
	Address	Pastor

9. In what church activities are you involved? \_\_\_\_\_

Please give a brief, frank, statement about why you would like to attend an Emmaus weekend, what you expect from it and anything about yourself and your faith you wish to share.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

There is a \$25.00 application fee with this application. Please make checks payable to "Eastern Shore Emmaus". Any other expenses are being underwritten by gifts from individuals who have experienced a weekend and wish to share the experience with you. This is only an application. Notification of your acceptance for a weekend will be made by phone and a confirmation letter will be mailed prior to the weekend. If you do not attend two weekends after being notified of your acceptance, your application fee is nonrefundable and a new application must be submitted. If you have any questions please feel free to ask your sponsor. When you have completed all areas of this application, please sign and return it (with your fee) to your sponsor for completion.

\_\_\_\_\_  
Signature of Applicant Date

Revised 02/06