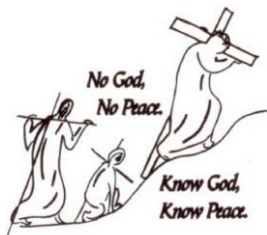


## Southern Ohio Emmaus - Application

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"/> Men's Spring #66 March 14 - 17, 2019<br><input type="checkbox"/> Women's Fall #67 September 5 - 8, 2019<br><input type="checkbox"/> Men's Spring #68 March 12 - 15, 2020<br><input type="checkbox"/> Women's Fall #69 September 10 - 13, 2020 | <input type="checkbox"/> Women's Spring #66 April 11 - 14, 2019<br><input type="checkbox"/> Men's Fall #67 Oct 31 - Nov 3, 2019<br><input type="checkbox"/> Women's Spring #68 April 16 - 19, 2020<br><input type="checkbox"/> Men's Fall #69 October 8 - 11, 2020 |
|--|--|



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 Name	Occupation		
Has your spouse been on a Walk? No <input type="checkbox"/> Yes <input type="checkbox"/>		If so, Walk Number	
Church you attend	Pastor		

**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.  
*PARTICIPANT'S SIGNATURE* *Date*

↑ *Southern Ohio Emmaus intends to use information above this line to update our Membership Database* ↑

↓ *All information below this line will be destroyed when no longer needed for this Emmaus Walk* ↓

Are you on a special diet? No  Yes  Explain

Are you on any medication? No  Yes  Explain

Do you have any medical or physical limitations that may affect your participation at the Emmaus Weekend? No  Yes  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# \_\_\_\_\_

Please attach a non-refundable pre-registration deposit of \$50.00. This deposit will be applied toward the contribution of \$150.00. This partially offsets the expense of the Emmaus weekend. Make Checks payable to: **Southern Ohio Emmaus**

Registrar  
 Amy Finck  
 549 Logan Street  
 Junction City, OH 43748  
 614-364-5956

Registrar Email  
 soeregistrar@gmail.com

Sponsors please complete application and submit to Registrar

## 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 Pastor

Have 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 QUESTIONS

Have 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 \$150.00 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 contact the Chairperson: [Randy Dudding 740-590-3031 rodudding@yahoo.com](mailto:randydudding@yahoo.com)