

# Heartland Emmaus of Kansas City

## Application

Walk #29: April 10-April 13, 2008 (Men's) – April 17 – April 20, 2008 (Women's)

Walk #30: October 9 - October 12, 2008 (Men's) – October 16 – October 19, 2008 (Women's)

*(Please Circle intended Walk dates)*

**TO BE FILLED OUT BY THE CANDIDATE: (PLEASE PROVIDE ALL INFORMATION REQUESTED)**  
**SPOUSES NEED TO COMPLETE SEPARATE APPLICATIONS**

Full Name: \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Age \_\_\_\_\_ Birth date \_\_\_\_\_

Name you want on Nametag \_\_\_\_\_ Marital Status \_\_\_\_\_

Does Your Spouse Plan To Attend These Walks \_\_\_\_\_ Spouses Name \_\_\_\_\_

Occupation \_\_\_\_\_ Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Are you on a Special Diet? \_\_\_\_\_ If so, What? \_\_\_\_\_

Do you have a health problem or handicap that may affect your attendance at the Walk to Emmaus? \_\_\_\_\_

If so, please describe: \_\_\_\_\_

State briefly why you wish to be involved in the Emmaus community and what you expect from it: \_\_\_\_\_

\_\_\_\_\_

Name and denomination of church now attending \_\_\_\_\_

Pastor's Name \_\_\_\_\_ In what community or religious organization(s) are you active?

\_\_\_\_\_

**CLOSEST RELATIVE (other than spouse) or FRIEND TO CONTACT IN CASE OF EMERGENCY**

Full Name: \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

**CHECK IF THE FOLLOWING HAS BEEN EXPLAINED TO YOU AND YOUR SPOUSE?**

Walk to Emmaus? You \_\_\_\_\_ Spouse \_\_\_\_\_ Follow-up reunion group? You \_\_\_\_\_ Spouse \_\_\_\_\_

Post-Emmaus meeting? You \_\_\_\_\_ Spouse \_\_\_\_\_ Monthly Gatherings? You \_\_\_\_\_ Spouse \_\_\_\_\_

I intend to be present for the entire Walk to Emmaus (Thursday Evening thru Sunday evening)

I will notify my sponsor(s) name \_\_\_\_\_ that my application is ready

Candidate's Signature \_\_\_\_\_

PLEASE ENCLOSE A PRE-REGISTRATION DEPOSIT OF \$30.00. THE DEPOSIT WILL BE APPLIED TOWARD YOUR TOTAL FEE OF \$120.00. THE FEE PARTIALLY OFFSETS THE EXPENSES OF YOUR WEEKEND. THIS DEPOSIT IS NON-REFUNDABLE. PLEASE MAKE CHECKS PAYABLE TO: HEARTLAND EMMAUS

**OFFICIAL USE ONLY**

Deposit Amount \_\_\_\_\_ Balance \_\_\_\_\_ Date \_\_\_\_\_ Check# \_\_\_\_\_

Letter Mailed \_\_\_\_\_ Sponsor Letter Mailed \_\_\_\_\_