



Emmaus

FOR THE DEVELOPMENT OF CHRISTIAN DISCIPLES

TO BE COMPLETED BY THE APPLICANT (Please print clearly to ensure correct name tag spelling)

Name: _____ Phone: () _____
(Mr Mrs Ms Rev Pas Dr)

Email: _____ Mob: _____

Address: _____ Postcode: _____

Name desired on Name Tag: _____ Age: 20-29 : 30-39 : 40-49 : 50 + (Circle)

Occupation: _____

Church: _____ Location: _____

Pastor/Minister's Name: _____

Has the Walk to Emmaus been explained to you? Yes / No (please circle one)

Are you on any medication , special diet or do you have any health situation that we should be aware of? Yes / No

If Yes, please detail: _____

State briefly why you wish to attend: _____

Please indicate your date for attendance:

MEN Walk 41: Thursday 29th April – Sunday 2nd May 2010

WOMEN Walk 42: Thursday 13th – Sunday 16th May 2010

Venue: Chosen Valley Christian Camp – 53 Turner Road, Drury, Auckland

We will acknowledge by mail the date of your Walk and request you to send a **deposit of \$77-50** as confirmation that you will attend that Walk. **The full fee is \$155-00. Please pay the remaining \$77-50 on the Thursday night when you register at camp.**

TO BE COMPLETED BY THE SPONSOR

Your Name: _____ Phone: () _____
(Mr Mrs Ms Rev Pas Dr)

Address: _____ Postcode: _____

Email: _____

Reunion Group: _____ Church(Denom): _____

Your Walk # & Location: _____ Church(Location): _____

Marital Status of Applicant: _____ Is spouse also being sponsored? Yes / No

If No, please state reason: _____

Will you pray for and support the applicant (and family)? Yes / No

Why do you commend this application? _____

PLEASE RETURN TO : THE REGISTRAR, Janet Huddleston, 23 Ashdown Place, Papakura.