**Please return by email:**

[**registrar@canberramonaro.emmaus.org.au**](mailto:registrar@canberramonaro.emmaus.org.au)

******Canberra Monaro Emmaus Community**

**Application for Attendance on Walk #** \_\_\_\_\_\_\_\_ Applicants to be 18 years or older.

|  |  |
| --- | --- |
| **Men’s Walk #95** dates **2/5/2024 -5/5/2024** . *Application Form due by***11/4/2024**. | **Women’s Walk #96** dates **16/5/2024- 19/5/2024**.*Application Form due by***25/4/2024**. |

**To Be Completed by Each Applicant** - Please **print clearly** to ensure correct spelling on name tag, etc

Name: M ☐ F ☐ Phone:

Address: Postcode:

Email address:

##### Name desired on badge: Has the Walk to Emmaus been explained to you: Yes ☐ No ☐

##### Your age group Under 30 ☐ 30-40 ☐ 40-49 ☐ 50-59 ☐ 60 and over ☐

Occupation:

Pastor's Name (Optional): Church (Optional):

**State briefly why you wish to attend:**

**Diet / Health / Sleeping Arrangements**

If you have special requirements for the Walk that the Walk leaders should be aware of so your needs can be catered for, please complete the section below.

* **Special diet requirement** (for medical/ethical reasons)

(Other preferences such as low carbs, high protein, no sugar or other lifestyle choices may not be catered for.)

* **Health situation**:

Medication at specific time:

* **Sleeping Arrangements**: (Bottom bunk or other special accommodation requirements). Please provide details below:

**Payment**

|  |  |  |
| --- | --- | --- |
| **Cost Details: @$260**  Payment includes accommodation and all meals  for the duration of the Walk.  Payment Options are available.  Discuss with your Sponsor. | **Payment Method: Preferred**  **Direct Deposit**  **BSB:** 634634  **Account number:** 100021977  **Account name:** Canberra Monaro Emmaus  **Ref:** First initial and Surname, eg JBloggs | We Accept Visa, Mastercard Debit And Credit Sign NHE-17964**Payment on arrival**  **+ 1.9% Square Card fees** |

* I give permission for my name, address, phone number and email address to be used to produce Emmaus Walk and Community contact lists as part of the Emmaus contact database.
* Signed: Date:

**Privacy Note:** The information on this form will be held in confidence by the Canberra Monaro Emmaus Community Registrar and the Walk to Emmaus Lay Director. A copy of the Canberra Monaro Emmaus Community Privacy policy can be obtained from the Registrar at the address above.

**To Be Completed by Sponsor**

Sponsor's Name: M ☐ F ☐ Phone:

Sponsor's Address: Postcode:

##### Email:

##### Reunion Group: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Church (Optional):

Where did you attend your Walk? Walk #

Is there a co-sponsor? Yes ☐ No ☐ If yes please have the co-sponsor fill in their contact details below:

**Co-Sponsor’s Details**

Co-Sponsor's Name: M ☐ F ☐ Phone:

Co-Sponsor's Address: Postcode:

Email:

Reunion Group: Church (Optional):

Where did you attend your Walk? Walk #

**Pilgrim Spouse / Partner Information**

Marital Status of Applicant: ­ Is spouse/partner being sponsored this year to attend a Walk? Yes ☐ No ☐

If NO, please state reason:

Does the applicant hold a leadership/ministry role in their church? Yes ☐ No ☐

If YES, Please detail:

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

Why do you commend this applicant?

**Payment Options are Available**

Thank you for sponsoring a Pilgrim. Support can be provided from the Canberra Monaro Emmaus community if required.

* Please contact the Registrar to discuss payment options if required.
* Please don’t let cost be a reason not to sponsor a pilgrim.

**Please Return this Form to the Registrar at the Address at the Top of the Form**