

Please return by email:
registrar@canberramonaro.emmaus.org.au

Emmaus
for the development of Christian leaders



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	Payment on arrival  + 1.9% Square Card fees
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- 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.

- o Please contact the Registrar to discuss payment options if required.
- o 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