

Hawaii Walk to Emmaus

Team Application

MEN'S TEAM _____ WOMEN'S TEAM _____ CLERGY _____ WALK # _____
NAME _____

Please circle address you prefer MR MRS MISS MS REV NONE

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

Home Phone: Area Code: _____ Number _____ Email: _____

Work Phone: Area Code: _____ Number _____ Cell phone : Area Code: _____ Number _____

Church you presently attend: _____

Occupation: _____

Martial Status: Married _____ Divorced _____ Single: _____ Separated _____ Widowed _____

Team experience place a +. Position applying for put a n X

Conference Room:

_____ Lay Director	_____ Asst Spiritual Dir.	_____ Asst Table Leader
_____ Asst Lay Director	_____ Music Director	_____ Other, what?
_____ Board Liaison	_____ Other Musician	_____
_____ Spiritual Director	_____ Table Leader	_____

Do you require a special diet? ____, If so, what? _____ Do you snore? ____

I understand and accept the commitment and responsibility to attend all Emmaus Team meetings for the Hawaii Walk to Emmaus, and to be present throughout the entire 72-hous Walk to Emmaus and the Fourth Day Program. Cost for whole weekend is \$130.00

Do your need a scholarship in order to work the Walk? ____ How much will you need? _____

Additional information such as talks given may be submitted with this application.

Signature: _____ Date: _____

Outside the Conference Room:

_____ Head Cook	_____ Agape	_____ Asst Spiritual Dir
_____ Asst Head Cook	_____ Prayer Chapel	_____ Other, what?
_____ Cook's team	_____ Speaker	_____

Do you require a special diet? ____, If so, what? _____ Do you snore? ____

I may not be able to be present during the entire weekend. If I sleep over it will cost \$30/night and if stay for meals it will cost \$5/meal.

Signature: _____ Date: _____