

WALK TO EMMAUS at BLUE LAKE

P.O. Box 1334 Mary Esther, FL 32569-3134
 850-266-7851 Fax: 866-390-2981 registrar@bluelake.us

For Office Use Only			
Member No.	Date Rec'd	Deposit Amt.	Check No.
Check By	Check Date	Check Amt.	
This section filled out by candidate. Use reverse side for any supplemental information.			
Full Name: PLEASE PRINT LEGIBLY		Name wished on name tag?	
Mailing Address:			Gender: M W
City:	State:	Zip:	
Home Phone () —	E-mail:		
Birth date (MM/DD/YYYY): / /	Spouse's Name (or N/A):		
If Spouse has attended a Walk: Year?	Where?	Number?	
Church (spell out):			
Denomination:		Pastor:	
Religious/Community Organizations:			
Occupation:		Employer:	
Did your Sponsor explain:	<input type="checkbox"/> Emmaus Weekend?	<input type="checkbox"/> Follow-up?	<input type="checkbox"/> Reunion Groups?
Describe any special diet or medications: _____			
Describe your health or physical concerns: _____			
Why did you decide to apply for a Walk to Emmaus? _____			
READ CAREFULLY: Please enclose a non-refundable \$50.00 deposit by check or money order payable to <u>Blue Lake Emmaus Community</u> , which goes towards the \$125 cost of the weekend. You may also pay online at http://www.bluelake.us/deposit.htm and mail or fax the application with a printout of the receipt. If a scholarship is needed, visit http://www.bluelake.us/emmasus.html and enclose the approved scholarship e-mail with the application. The \$75.00 balance is paid when the walk starts. We will notify you and your sponsor by mail when a position becomes available. When you accept a position, plan to remain the entire weekend. <i>You must have a qualified sponsor before your application can be accepted.</i>			
Signature:	Date (MM/DD/YYYY): / /		
This section must be filled out by the sponsor. Use reverse side for any supplemental information.			
Name:		Member No. (if known):	
Address:			
City:	State:	Zip:	
Home Phone: () —	Work or Cell Phone: () —		
E-mail:	<input type="checkbox"/> Is this an address/phone/e-mail change?		
Your walk Year?	Location?	Number?	
How long have you known candidate?		What cluster do you attend?	
<input type="checkbox"/> Do you know your responsibilities as a sponsor?		<input type="checkbox"/> Are you prepared to fulfill those responsibilities?	
Comments: _____			
Signature:	Date (MM/DD/YYYY): / /		