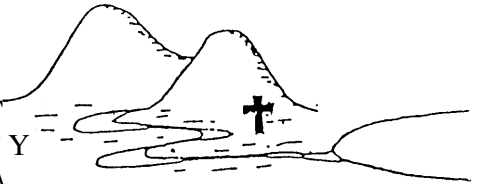




Walk to  
**Emmaus**  
THE UPPER ROOM

**MID NORTH COAST  
EMMAUS COMMUNITY**  
BY MOUNTAINS, RIVER AND SEA



**APPLICATION TO ATTEND EMMAUS WALK**

**To be completed by Applicant:** (please print clearly)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Email Address (if applicable): \_\_\_\_\_

Occupation: \_\_\_\_\_ Name you prefer on Name Tag: \_\_\_\_\_

Denomination & Location of present Church: \_\_\_\_\_

Are you a regular attender? Yes / No (please circle one)

Pastors Name & Address: \_\_\_\_\_

Pastor's Signature \_\_\_\_\_

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

Are you on medication or a special medical diet, or do you have any health problems the leaders should be aware of?

Yes/No (please circle). If yes, please give details:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

State briefly why you wish to attend: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*

**Because of the privacy laws in Australia, we need the following two consents signed by you.**

I consent to my name and contact details being listed within the Mid North Coast Emmaus Community, and the national Emmaus governing body, as a record of the Emmaus Walk I attend.

Applicant's Signature; \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*

I consent to my name being included on prayer lists for use within the Mid North Coast Emmaus Community and other affiliated communities.

Applicants Signature: \_\_\_\_\_ Date \_\_\_\_\_

To be completed by Sponsor: (please print clearly)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Email Address (if applicable): \_\_\_\_\_

Denomination and location of present church: \_\_\_\_\_

Where did you attend your walk? \_\_\_\_\_ Walk No. \_\_\_\_\_

Name of your Reunion Group: \_\_\_\_\_

Can you help applicant into a Reunion Group? **Yes** **No** (please circle one)

Is the applicant married? **Yes** **No** (please circle one)

Is his/her spouse being sponsored? **Yes** **No** (please circle one) if not, why?

.....  
Are you praying and supporting the applicant and family? **Yes** **No** (please circle one)

Why do you commend this applicant? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Completed form, accompanied by a minimum deposit of \$50.00 (total cost \$195) should be sent to:

THE REGISTRAR

**Graeme Clarke**

5 Rowley St,

WINGHAM 2429

(Phone: (02) 6557 0122.)

Email: register@mnce.org.au

**Please make cheques payable to: Mid North Coast Emmaus Community.**

**APPLICATIONS FOR BOTH MEN'S AND WOMEN'S WALKS MUST REACH THE REGISTRAR  
NO LATER THAN 3 WEEKS PRIOR TO THE DATE OF THE MEN'S WALK.**

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**Walk dates for 2010**

**Men's Walk Thursday 20 to 23 May**

**Women's Walk Thursday 3 to 6 June**

Office Use

Payment                      Method                      Date                      Balance