

Southern Ohio Emmaus

Malta UMC Malta, Ohio 43758

This application is to be filled out by the *Candidate*. Kindly fill in all the areas that apply to you.
All of the information you supply is for appropriate placement on the walk and will stay confidential.

Request for Reservation please circle one:

Women's Walk #35 September 18-21, 2003

Men's Walk #35 October 2-5, 2003

Women's Walk #36 March 11-14, 2004

Men's Walk #36 March 25-28, 2004

PLEASE PRINT

FIRST NAME _____ LAST NAME _____

PREFERRED NAME _____ SEX _____ AGE _____ BIRTHPLACE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE# () _____ WORK# () _____ EXT. _____

EMPLOYER _____ OCCUPATION _____

E-MAIL ADDRESS _____ MARITAL STATUS _____

SPOUSE'S NAME _____ NUMBER OF CHILDREN _____

HAS YOUR SPOUSE BEEN ON A WALK? _____ IF SO, WHAT WAS THE WALK NUMBER _____

CHURCH YOU ARE ATTENDING (OR NONE) _____

PASTOR'S NAME _____

ARE YOU ON A SPECIAL DIET? _____ IF SO, SPECIFY _____

ARE YOU ON MEDICATION? _____ IF SO, SPECIFY _____

DO YOU HAVE ANY HEALTH PROBLEMS OR PHYSICAL HANDICAP THAT MAY AFFECT YOUR ATTENDANCE AT
EMMAUS? IF SO, PLEASE SPECIFY _____

CHRISTIAN ORGANIZATIONS YOU ARE ACTIVE IN: _____

HAS THE EMMAUS WALK BEEN EXPLAINED TO YOU? _____ BRIEFLY, WHY DO YOU WISH TO
ATTEND THE EMMAUS WEEKEND AND WHAT DO YOU EXPECT TO GET FROM IT? _____

CLOSE FRIEND'S NAME, ADDRESS, AND PHONE# _____

SIGNATURE _____ **DATE** _____

SPONSOR'S NAME _____ **DATE** _____

ADDRESS _____

PHONE# () _____ **SIGNATURE** _____

PLEASE ATTACH A PRE-REGISTRATION DEPOSIT OF \$15.00. THIS DEPOSIT WILL BE APPLIED TOWARD THE CONTRIBUTION OF \$90.00, WHICH PARTIALLY OFFSETS THE EXPENSE OF THE EMMAUS WEEKEND. YOUR DEPOSIT IS **NOT REFUNDABLE**. MAKE CHECK PAYABLE TO: *SOUTHERN OHIO EMMAUS* AND MAIL TO:

WOMEN'S REGISTRAR

JACKIE SCOTT
1970 N. St. Rt. 555
Malta, Ohio 43758
740-347-9103

MEN'S REGISTRAR

DOUG FLANNERY
12739 Ovid Rd.
Rockbridge, Ohio 43149
740-385-2381

REGISTRAR'S USE ONLY; Date Received _____

Deposit \$ _____