

Office use only

Name on check _____ Check amount _____

Date received _____ Date confirmed _____ Letter sent y/n

Girls flight: #11 July 9-12

Boys flight #12 July 16-19

CANDIDATE INFORMATION:

Last name: _____ First name: _____

Preferred name on Nametag: _____

Date of birth: ____/____/____ Age as of June 1 ____

Address: _____

City, State, Zip _____

Home phone number _____ Cell phone _____

Email address: _____

Church name: _____

Church activities: _____

School name: _____ Next grade: _____

School activities: _____

SPONSOR INFORMATION:

Last name: _____ First name: _____

Address: _____

City, State, Zip: _____

Home phone number: _____ Work Phone: _____

Cell Number: _____ Email address: _____

When & where did you attend your Walk to Emmaus, Chrysalis, Cursillo or other similar 3 day event?

Walk number, location, date: _____

Are you active in your Emmaus community: Y / N Reunion group: Y / N

Will you support this candidate at Sendoff, Candlelight, and Closing? Y / N

(Candidate name: _____)

PARENT INFORMATION:

Last name: _____ First name: _____

Address: _____

City, State, Zip _____

Home phone number: _____ Cell phone _____

Other alternate numbers: _____

Have you attended the Walk to Emmaus, Chrysalis, Cursillo: or other similar 3 day event? Y / N

Only answer the following if the above answer is yes:

Walk number, location, date: _____

Are you active in your Emmaus community Y / N Reunion group Y / N

Are you the sponsor of this candidate? _____

Will you support this candidate at Sendoff, Candlelight, and Closing? Y / N

CANDIDATE MEDICAL INFORMATION:

Full legal name: _____

Doctor's name: _____ Doctor's phone# _____

Parental / Guardian name on Insurance policy: _____

Insurance information: _____

Policy number: _____ Group number: _____

Does this candidate have any medical issues? Y / N

If yes, please explain: _____

Does this candidate have any allergies? Y / N

If yes, please describe: _____

Does this candidate take any medications? Y / N

If yes, please indicate: _____

Does this candidate have any dietary needs? Y / N

If yes, please indicate: _____

Please return completed application and 30.00 deposit to :
Debbie Brandon
6 Pithlochry Circle,
Bella Vista Ar 72715