

APPLICANT'S CHECKLIST:



APPLICATION FORM
MEDICAL DATA EXTRAS
DEPOSIT CHEQUE FOR €100.00 OR £85.00
FULL AMOUNT OF €200.00 OR £170.00

For Emmaus office use only:

<i>Application Received:</i>	
<i>Deposit Paid:</i>	
<i>Booking Confirmed:</i>	
<i>Balance Paid.</i>	
<i>Offered Place on Walk No:</i>	
<i>Sponsor Informed.</i>	

For information on Dromantine Centre
go to

www.dromantineconference.com

Please address all applications and
correspondence to:

DUBLIN EMMAUS COMMUNITY

The Registrar

Stephen Barrington
38 Bellevue Park
Greystones
Co. Wicklow
Ireland

OR

E-mail: registrar@emmauswalks.ie



**Application Form
2012**

**Dromantine Centre
Newry,
Co. Down**

www.emmauswalks.ie

**Men's Walk #15:
Thurs 16 - Sun 19 February
2012**

**Women's Walk #16:
Thurs 1 - Sun 4 March 2012**

Walk to Emmaus Ireland

Application Form

Title _____
 Surname _____
 Christian Name _____

Preferred Name (to be on name badge)
 Address _____

Tel. No. _____
 Mobile No. _____
 E-mail _____
 Emergency No. (During Walk) _____
 Emergency Name & relationship _____

Age Group 21-40 41-55 55+

Church/Fellowship/Parish _____

Has the Walk to Emmaus been explained to you by your sponsor?

Would you like to say why you are making this application?

Dietary Requirements: (please give specific requirements)

Health: Do you have any health conditions of which the team should be aware? _____

Medication
 Please advise if there is any medication which must be taken at set times, so team members are able to assist in reminding you.

TO BE COMPLETED BY THE SPONSOR

Full Name _____
 Address _____

Tel. No. _____
 Mobile _____
 E-mail _____

Your 1st Walk No. _____
 Your 1st Walk Date _____

Reunion Group _____
 If applicant is married, have you discussed the Walk with his/her spouse? _____

Will you pray for and support the applicant and family before, during and after Walk? _____

Why do you commend this applicant? _____

Please note: Applications for both Walks close on Monday 1 February 2012. Please apply as soon as possible, to ensure you have a place.

The cost for the Walk, which includes accommodation and all meals for the weekend, is **€200.00** (two hundred euro) or **£170.00** (one hundred and seventy pounds sterling). On submission of your application you will be asked to include a deposit of **€100.00** (one hundred euro) or **£85.00** (eighty five pounds sterling) (*refundable should you not secure a place*). The balance is payable upon registration for the weekend at the venue. Cheques made payable to:

Dublin Emmaus Community

You will be notified by mail of your acceptance, as soon as possible after your application has been received and processed.

IMPORTANT: Confidentiality of Information

All personal details remain confidential. However, would you be willing for your contact details to appear on the list of attendees at your Emmaus Walk? The information would also be used to inform you of upcoming Emmaus activities, meetings, and events.

Applicant information may be shared within Emmaus Ireland YES NO

Applicants' release and indemnity

In consideration of the Methodist Church in Ireland and the Walk to Emmaus Ireland Community:

- Except to the extent that the above named, its officers, leaders, agents and members are entitled to be indemnified by an insurer under a policy of insurance maintained by the Methodist Church in Ireland, I hereby release and indemnify the Methodist Church in Ireland and the Walk to Emmaus Ireland Community, its officers, leaders, agents and members against any liability (including negligence) in relation to participation in any activity connected with the aforementioned, or when travelling to and from such activity.
- I authorise the Walk to Emmaus Ireland Community, in the event of any injury or illness occurring in connection with any activity connected with the Walk to Emmaus Ireland Community, to obtain on my behalf and at my expense any medical treatment as may be considered appropriate by them. I agree to pay all costs associated with such injury or illness.

PRINT FULL NAME:

APPLICANT'S SIGNATURE:

DATE:

ACKNOWLEDGEMENT BY APPLICANT'S LOCAL MINISTER/PASTOR/PRIEST

I hereby acknowledge that the above named has expressed interest in the Walk to Emmaus weekend and has discussed same with me. I confirm that I support this individual's positive steps toward a closer walk with Jesus.

Print Full Name & Title:

Signature: