

APPLICANT'S CHECKLIST:



MEN'S (M18) or WOMEN'S (W18) WALK?	M18_	
<i>Reference on EFT must show M18 or W18_SurnameName</i>	W18_	
APPLICATION FORM		
DEPOSIT CASH/EFT FOR €100 OR £100		
FULL AMOUNT OF €230.00 OR £200.00		
APPLICANT REF: (see Payment Options guide)		
ADDITIONAL DIETARY/MEDICAL INFO		

For Emmaus office use only:

Application Received:	
Deposit Paid: (CSH/EFT/SUB)	
Booking Confirmed: (Email sent)	
Balance Paid: (CSH/EFT/SUB)	
Offered Place on Walk No:	
Sponsor Informed: (Email sent)	
Data Captured:	

Please address all applications and correspondence to:

DUBLIN EMMAUS COMMUNITY

The Registrar

Michelle Irons
12 Church Gate
Station Road
Wicklow
Co. Wicklow
Republic of Ireland

OR

E-mail:
registrar@emmauswalks.ie

For information on
Dromantine
Retreat and Conference Centre
Please visit:
www.dromantineconference.com



**Application Form
2018**

Dromantine Centre
Newry, Co. Down

emmauswalks.ie

Men's Walk #27
Thurs 15 Feb – Sun 18 Feb

Women's Walk #28
Thurs 08 Mar – Sun 11 Mar

Application Form

* * * NEAT BLOCK LETTERS PLEASE * * *

WALK:	MEN'S WALK	WOMEN'S WALK	
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Title: Mr/Mrs/Ms/Miss/Dr/Revd.

Surname: _____

Christian Name: _____

Preferred Name
(to be on name
badge)

Address: _____

Tel. No.: _____

Mobile No.: _____

E-mail: _____

Emergency No. (During Walk): _____

Emergency Name & Relationship: _____

<input checked="" type="checkbox"/> AGE GROUP	21-40	41-55	55+
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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? _____

*****Use box on reverse if you need more space*****

Dietary Requirements: (please give specific requirements) _____

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

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

TO BE COMPLETED BY THE SPONSOR

Full Name: _____

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: The closing date for receipt of Applications for the Walk is NO LATER THAN 3 WEEKS BEFORE WALK DATE. 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 €230.00 or £200.00. On submission of your application you will be asked to include a **deposit** of €100.00 or £100.00 (*refundable should you not secure a place*). The balance is **payable upon Registration** for the weekend at the venue.

Payment Options:

CASH/ELECTRONIC FUNDS TRANSFER

CASH:	Paid directly to REGISTRAR
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EFT:	BIC: BOFIE2D IBAN: IE 88 BOFI 9010 3614 4896 44
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Use REF:	M18_SurnameName (Men's Walk)
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	W18_SurnameName (Women's Walk)
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You will be notified by email of your acceptance, as soon as possible after your application has been received and processed. A Receipt will be issued by email with every transaction.

IMPORTANT: Data Protection Policy

Your privacy is important to us. All personal details remain confidential. From time to time Emmaus Ireland would like to share information with you. Do you consent to sharing your contact details on a CONFIDENTIAL LIST OF ATTENDEES at YOUR Emmaus Walk? The information would also be used to inform you of upcoming Emmaus activities, meetings, and events.

PLEASE NOTIFY REGISTRAR OF ANY CHANGE IN YOUR DETAILS.

<input checked="" type="checkbox"/> Applicant information may be shared <u>within Emmaus Ireland only</u>		YES
		NO

APPLICANT'S 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: DD/MM/YYYY

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: