

TEAM MEMBER CHECKLIST:

<i>Reference (Unique Identifier) on EFT <u>must</u> show</i>	
WT20SurnameName	
WT20	
FULL AMOUNT PAYABLE	€240.00/£210.00
LESS DEPOSIT CASH/EFT/SUB	-€/£
*** ADDITIONAL DIETARY/HEALTH INFO ***	

For Emmaus office use only:

Application Received & Captured:	DD/MM/YYYY		
Booking Confirmation: (Email sent)	DD/MM/YYYY		
Deposit Paid: (CHQ/CSH/EFT/SUB)	€/£	DD/MM/YYYY	
Sub-total Paid: (CHQ/CSH/EFT/SUB)	€/£	DD/MM/YYYY	
Sub-total Paid: (CHQ/CSH/EFT/SUB)	€/£	DD/MM/YYYY	
Balance Due at Registration:	€/£		
	Paid in Full	Y	N
Team Role on Walk:	LD / ALD / SD / ASD / TL / ATL PRAYER / MUSIC / BOARD REP IT / SUPPORT / AGAPE / OTHER		
Notes:		Dual Teams	Y
			N

Please note: The closing date for receipt of Registrations for the Walk is **NO LATER THAN 3 WEEKS BEFORE WALK DATE**. Please register as soon as possible, to facilitate administration commitments.

The cost for the Walk, which includes accommodation and all meals for the weekend, is **€240.00 or £210.00**. 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
EFT:	BIC: BOFIE2D IBAN: IE 88 BOFI 9010 3614 4896 44
Use REF:	WT SurnameName (Women's Walk)

You will be notified by email of your Registration Confirmation, as soon as possible after your form has been received and processed. A Confirmation letter at least a week prior to the Walk date will serve as Receipt and Invoice.

Please address all applications and correspondence to:

DUBLIN EMMAUS COMMUNITY
The Registrar
Jennifer Kane & Ruth Wilson
9 Regency Manor,
Newtownards,
BT23 8ZD
N.Ireland

E-mail: registrar@emmauswalks.ie

For information on
Dromantine
Retreat and Conference Centre

Please visit:
www.dromantineconference.com



Women's Team Registration Form

2022

Dromantine Centre
Newry, Co. Down

emmauswalks.ie

Womens & Mens
Walks
27th- 30th
October
2022

**** NEAT, CLEAR BLOCK LETTERS PLEASE ****

Title ✓	Mr	Mrs	Ms	Miss	Dr	Revd.
Surname						
First Name						
Preferred Name (on badge)	ONLY IF YOU NEED A REPLACEMENT BADGE					
Street						
Area						
Town						
Post Code						
County						
Country	IE	NI	OTHER:			

Mobile									
Tel. No.									

Email																			
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Emergency Contact																			
Relationship																			
Emergency Number																			

DATE OF BIRTH	DD	MM	YYYY
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Church/Fellowship/Parish	
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Team Experience

YEAR	EXPERIENCE (MOST RECENT 3)
2020	TEAM ROLE THIS YEAR
2019	TEAM ROLE PREV YEAR
Previous	TEAM ROLE PREV YEAR

Team Commitment

Reunion Group	
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Will you pray for and support the Team, Pilgrims and families before, during and after Walk?	Y	N
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Will you endeavour to attend at least 80% of all training events, Commissionings, Fourth Day Gatherings, etc. to help foster a cohesive team?	Y	N
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Use box on reverse if you need more space

Dietary Requirements (please be specific)

Health/Mobility Conditions we need to be aware of

Taking Medications (need reminders)?	Y	N
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USE SPACE AT BACK OF FORM TO PROVIDE NECESSARY ADDITIONAL DETAILS

ROOM SHARING 

Should we reach capacity bookings we may need to ask some team members to share quarters. Would you be willing to share a twin or double room with another team member?	Y	N
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IMPORTANT: Data Protection Policy

Your privacy is important to us. After the Team Member accepts a place to serve on an Emmaus Walk these details will be forwarded to the Director of the weekend. Emmaus may share information about the Team Member within Emmaus during the process of administrating the Walks. Information is secure and confidential within the community. The information will also be used to keep Team and Community Members informed of upcoming Emmaus Activities, Events, Meetings and Updates.

PLEASE NOTIFY THE REGISTRAR OF ANY CHANGES IN YOUR CONTACT INFORMATION.

Tick here if you DO NOT want updates or your information to be shared within Emmaus

Team Member'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:

TEAM MEMBER'S SIGNATURE:

DATE: DD/MM/YYYY

