

APPLICANT'S CHECKLIST:



Men's Walk		Women's Walk	
<i>Reference (Unique Identifier) on EFT <u>must</u> show</i>			
M20 or W20SurnameName			
FULL AMOUNT PAYABLE		€240.00/£210.00	
DEPOSIT CASH/EFT/CHQ/SUB		€100.00/£100.00	
*** ADDITIONAL DIETARY/HEALTH INFO ***			

For Emmaus office use only:

Application Received & Captured:	DD/MM/YYYY		
Booking Confirmation for Pilgrim & Sponsor: (Email sent)	DD/MM/YYYY		
Deposit 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
Offered Place on Walk No:	M31	W32	
Notes:			

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 €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/CHEQUE	
CASH:	Paid directly to REGISTRAR
EFT:	BIC: BOFIE2D IBAN: IE 88 BOFI 9010 3614 4896 44
Use REF:	M20SurnameName (Men's Walk)
	W20SurnameName (Women's Walk)

You will be notified by email of your acceptance, as soon as possible after your application has been received and processed. A Confirmation letter emailed to you no later than 1 week before the Walk will serve as your Receipt/Invoice.

Please address all applications and correspondence to:
DUBLIN EMMAUS COMMUNITY

The Registrar
c/o Mrs 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

2020

**Dromantine Centre
Newry, Co. Down**

emmauswalks.ie

Men's Walk #31
&
Women's Walk #32

Thurs 12 March – Sun 15 March

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

MEN'S WALK #31		WOMEN'S WALK #32
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Title ✓	Mr	Mrs	Ms	Miss	Dr	Revd.
Surname						
First Name						

Preferred Name (on badge)	BLOCK CAPITALS PLEASE
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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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The Walk to Emmaus has been explained to me by my Sponsor. I have been provided with the Information Brochure to familiarise myself.	Y	N
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Would you like to say why you are making this application?
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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

USE SPACE AT BACK OF FORM TO PROVIDE NECESSARY ADDITIONAL DETAILS

TO BE COMPLETED BY YOUR SPONSOR

First Name																				
Surname																				
Mobile																				
Tel. No.																				

Email																				
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Reunion Group	
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Sponsor, please email your **current contact information** (address, mobile number, email address, etc.) to **communications@emmauswalks.ie** for **GDPR** purposes.

This is a conference event, NOT a retreat. Have you communicated this to the applicant? Please ensure that you have managed expectations.	Y	N
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If applicant is married, have you discussed the Walk with his/her spouse?	Y	N
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Will you pray for and support the applicant and family before, during and after Walk?	Y	N
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Why do you commend this Applicant?

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"/> Tick here if you DO NOT want updates or your information to be shared within Emmaus	<input type="checkbox"/>
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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:
