

APPLICANT'S CHECKLIST:



Men's Walk		Women's Walk	
Reference (Unique Identifier) on EFT <u>must</u> show			
M19 or W19SurnameName			
FULL AMOUNT PAYABLE		€220.00/£190.00	
LESS DEPOSIT CASH/EFT		-€/£	
LESS INTERIM PAYMENTS CASH/EFT		-€/£	
BALANCE DUE @ Registration		-€/£	
*** ADDITIONAL DIETARY/HEALTH INFO ***			

For Emmaus office use only:

Application Received:	DD/MM/YYYY	
Data Captured:	DD/MM/YYYY	
Sponsor Informed: (Email sent)	DD/MM/YYYY	
Booking Confirmed: (Email sent)	DD/MM/YYYY	
Deposit Paid: (CSH/EFT/SUB)	€/£	DD/MM/YY
Balance Paid: (CSH/EFT/SUB)	€/£	€/£
Offered Place on Walk No:	M29	W30

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 €220.00 or £190.00. 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:	M19SurnameName (Men's Walk) W19SurnameName (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 Receipt will be issued by email with every transaction.

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

2019

Dromantine Centre
Newry, Co. Down

emmauswalks.ie

Men's Walk #29

Thurs 21 Mar – Sun 24 Mar

Women's Walk #30

Thurs 04 Apr – Sun 07 Apr

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

MEN'S WALK #29		WOMEN'S WALK #30				
Title ✓	Mr	Mrs	Ms	Miss	Dr	Revd.
Surname						
Christian Name						
Preferred Name (on badge)	BLOCK CAPITALS PLEASE					
Street						
Area						
Town						
Post Code						
County						
Country						

Mobile	
Tel. Number	
Email	

Emergency Contact	
Relationship	
Emergency Number	

DATE OF BIRTH	DD	MM	YYYY
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Church/Fellowship/Parish

The Walk to Emmaus been explained to me by my sponsor.	Y	N
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Would you like to say why you are making this application?

Use box on reverse if you need more space

Dietary Requirements (please be specific)

Health 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

Full Name	
Mobile	
Tel. Number	
Email	
1 st Walk No./Year	
Reunion Group	

Street	
Area	
Town	
Post Code	
County	
Country	

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.

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

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: