



## Oceanside Emmaus Candidate Application

**Once Completed**

Please give this application to your sponsor.  
**Applications are due two weeks before the Walk.**  
 A deposit of \$100.00 is required toward the total fee of \$175.00.  
**The balance is due one week before the Walk.**  
 Please make checks payable to:  
**Oceanside Emmaus**

Please print or type, filling in **all** the blanks. This is necessary for your proper placement in the Walk to Emmaus.

CANDIDATE INFORMATION	One Candidate per application	PRINT LEGIBLY
First Name (for Name Tag):	Last Name:	
Address:	Date of birth:	Gender: M F
City:	M/S(circle one): Married Single Divorced Widowed	
State / Zip:	Spouse's Name:	
Cell Phone:	Has Spouse Attended Emmaus? Yes No Walk #:	
e-mail:	Do You Smoke?	

HEALTH INFORMATION	
Are you on a special diet? Yes: _____ No: _____	If yes, please be very specific about restrictions:
Do you take any medications other than at bedtime or upon arising? Yes: _____ No: _____	Should we be aware of any medications? If yes, please explain:
Does your medication require special handling (such as refrigeration or mixing)? Yes: _____ No: _____	If yes, please explain:
Do we need to make accommodations for any health or physical limitations? Yes: _____ No: _____	If yes, please explain: List hearing or visual difficulty; difficulty walking or climbing stairs; sleeping disorders; any other special needs:

CHURCH / PASTOR / SPONSOR	
Church (full name):	Pastor's Name:
Church Address:	Church Phone:
	Sponsor's Name:
Denomination:	Sponsor's Phone:

EMMAUS WALK INFORMATION	
Has the Walk to Emmaus been explained to you?	Yes: _____ No: _____
I have accepted Christ as my Savior:	Yes: _____ No: _____
I understand the Walk to Emmaus is intended for Christians desiring spiritual growth:	Yes: _____ No: _____
Have the post-Emmaus programs and meetings been explained to you?	Yes: _____ No: _____
Why do you wish to attend the Walk to Emmaus? _____	

If the Walk is full, shall we put you on a waiting list, which may be a last minute confirmation? \_\_\_\_\_  
 If we cannot confirm for the upcoming Walk, do you want to be on the list for the next Walk? \_\_\_\_\_

EMERGENCY CONTACT / SPONSOR		
Name:	Relationship:	Phone:
Name:	Relationship:	Phone:

CANDIDATE AND PASTOR SIGNATURE (Required)	Registrar Use Only
Candidate Signature:	Date Rec'd: _____ Sponsor Form Rec'd: _____ Check # _____ Amount \$ _____ From: _____ Note: _____
Date:	
Pastor Signature:	
Date:	