

**APPLICATION TO ATTEND AN EMMAUS WEEKEND  
PENINSULA RAINBOW EMMAUS**

NAME: \_\_\_\_\_ NAME YOU LIKE TO BE CALLED: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street City State Zip Code

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

SEX: M / F BIRTHDATE: \_\_\_/\_\_\_/\_\_\_ OCCUPATION: \_\_\_\_\_

MARITAL STATUS: \_\_\_\_\_ SPOUSE'S FIRST NAME: \_\_\_\_\_

NAME AND PHONE NUMBER OF YOUR CLOSEST NEXT-OF-KIN NOT LIVING WITH YOU:

ARE YOU ON A SPECIAL DIET/MEDICATION? IF SO, PLEASE SPECIFY:

DO YOU PLAY A MUSICAL INSTRUMENT? \_\_\_\_\_ IF SO, WHAT? \_\_\_\_\_  
Bring it with you!

CHURCH YOU ATTEND: \_\_\_\_\_  
Name/Denomination

ADDRESS: \_\_\_\_\_ MINISTER: \_\_\_\_\_

CHURCH ORGANIZATION(S) WITH WHICH YOU WORK: \_\_\_\_\_

PLEASE GIVE A BRIEF STATEMENT ABOUT WHY YOU WOULD LIKE TO ATTEND AN EMMAUS WEEKEND, WHAT YOU EXPECT FROM IT, AND ANYTHING ABOUT YOURSELF AND YOUR FAITH THAT YOU WISH TO SHARE:

A DEPOSIT OF \$25 MUST ACCOMPANY THIS APPLICATION. IF WE CANNOT ASSIGN YOU TO A WEEKEND, THE DEPOSIT WILL BE REFUNDED. IF WE ASSIGN YOU TO A WEEKEND AND YOU FAIL TO ATTEND, THE DEPOSIT IS NOT REFUNDED.

THERE ARE NO ADDITIONAL COSTS TO YOU FOR YOUR WEEKEND. INDIVIDUALS WHO HAVE EXPERIENCED A WEEKEND AND WISH TO SHARE THAT EXPERIENCE WITH YOU UNDERWRITE ITS EXPENSES.

THIS IS ONLY AN APPLICATION. YOU WILL BE NOTIFIED OF YOUR ACCEPTANCE FOR A WEEKEND BY PHONE AND MAIL ABOUT ONE MONTH BEFORE THE BEGINNING OF THE WEEKEND.

AFTER YOU HAVE COMPLETED THIS APPLICATION, PLEASE RETURN IT TO YOUR SPONSOR. IF YOU DO NOT HAVE A SPONSOR, MAIL THE FORM TO THE ADDRESS PRINTED ON THE BACK OF THIS FORM.

BE SURE TO INCLUDE YOUR \$25 DEPOSIT. MAKE CHECKS PAYABLE TO: PENINSULA RAINBOW EMMAUS.

SIGNATURE: \_\_\_\_\_ NAME OF SPONSOR: \_\_\_\_\_

