

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

Name: _____ Name you like
to be called: _____

Address: _____
Street City State Zip code

Home phone: _____ Work phone: _____ e-mail: _____

Sex: M / F Birth date: ____/____/____ 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 \$50 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 the 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 \$50 deposit. Make checks payable to : Peninsula Rainbow Emmaus

Signature: _____ Name of sponsor: _____

