

**Women's Walk – September 13-16, 2018 – Camp Chautauqua**  
**Men's Walk – October 11-14, 2018 – Camp Chautauqua**

**Northern Lights Community Walk to Emmaus Application**

The Walk to Emmaus is a three day experience of renewal, learning and sharing in the atmosphere of a Christian community. It is a different experience for each individual. It is designed to help mature people work toward a Christian way of life with community support. Husbands and wives may wish to make a joint commitment to attend a Walk. Each person must submit a separate application, and married couples are requested to turn in their applications at the same time if possible.

Please complete **ALL** the information below so we can meet your needs. **Please write legibly.** Information will be kept confidential. UPON COMPLETION, RETURN THIS FORM TO YOUR SPONSOR.

Name \_\_\_\_\_ For Name Tag \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Clergy? \_\_\_\_\_ Occupation \_\_\_\_\_

Married \_\_\_\_\_ Single \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_ Spouse Name: \_\_\_\_\_

Require physical assistance/medical equipment? \_\_\_\_\_

Require medications to be given at certain times? (not upon waking or bed) Yes \_\_\_\_\_ No \_\_\_\_\_

Special diet/Allergies? \_\_\_\_\_

Emergency contact/Relationship (Other than Sponsor)? \_\_\_\_\_

Phone: \_\_\_\_\_

Church now attending \_\_\_\_\_ Pastor \_\_\_\_\_

Sponsor Name \_\_\_\_\_ Phone \_\_\_\_\_

Sponsor Email Address \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please enclose a non-refundable deposit of \$25 to be applied to the total fee of \$95. Make checks payable to Northern Lights Emmaus Community. The balance of the fee will be collected at the Registrar's table upon arrival. Give this application and your check to your Sponsor to complete and mail to the Emmaus Registrar.

Registrar: Jessica Owens, 707 Clareridge Lane, Centerville, Ohio 45458  
Or email to: [nleinfomgmt@gmail.com](mailto:nleinfomgmt@gmail.com)