

APPLICATION FOR ATTENDANCE at Kobeelya, Katanning

MEN'S WALK No. 35: Thurs 13th - Sun 16th August 2020 WOMEN'S WALK No. 36: Thurs 20th - Sun 23th August 2020

Applications close Monday 10 August 2020

PART 1 TO BE COMPLETED BY APPLICANT

(Please PRINT clearly to ensure correct spelling on your name badge etc.)

Full Name				
Name for Badge	[M] or [F] Date of Birth			
Address: Street	Postal			
Suburb & State Postcode		Postcode		
Email				
Preferred Phone	Occupati	on		
Emergency Contact Name		Phone		
Church attended				
Name of Clergy/Leader		Phone		
Has the 'Walk to Emmaus' been explained to you? [YES] [NC	O] State briefly v	vhy you wish to attend:		
This section MUST be COMPLETED Do you have a medical condition, or dietary allergy, or do you leaders, or anything, which would prevent you partaking in any Medical				
 Payment: The cost of the Walk is \$280 The Nominator is to discuss payment options with the Applicant. Please send a deposit of \$140 with this application form to the Registrar. Preferred payment by Direct Deposit. Please send a notification email of your online payment to the Registrar with your name as the reference. You will be notified by mail of your acceptance to attend the walk at Kobeelya Conference Centre Katanning. Please complete full payment prior to the weekend of your Walk. Thanks. 		The Registrar: Caroline Mulroney 86 Coolgardie St, Bentley WA 6102 Ph: 0458 209 032 cmulroney@logicaldevelopments.com.au		
		Bank Account Details: BWA Account Name – Great Southern (WA) Emmaus Community BSB – 036 123		
Because of the privacy laws in Australia, we need the following consents signed by you:	ng three	Account No. – 358 859		
1. I consent to my name and contact details being listed only within (and its associated Perth Emmaus Community), together with the Nat				
APPLICANT'S SIGNATURE:		DATE:		
2. I consent to my name being included on prayer lists for use within and other affiliated Emmaus Communities.	the Great Southern	ı (WA) Emmaus Community		
APPLICANT'S SIGNATURE:		DATE:		
3. I consent to my name and contact details being listed within the G (and its associated Perth Emmaus Community), together with the Nat pertaining only to EMMAUS matters from time-to-time. I understand	tional Emmaus gove	erning body, that I may receive correspondence		

APPLICANT'S SIGNATURE: _____ DATE: _____ DATE: _____

2020

PART 2 TO BE COMPLETED BY NOMINATOR

YOUR NAME	[M] or [F]	PHONE
ADDRESS		POST CODE
REUNION GROUP	CHURCH	
E-mail:		
WHERE DID YOU ATTEND YOUR WALK? :		WALK No.:
Marital status of Applicant:	Is spouse b	eing sponsored? [YES] [NO]
If NO, please state reason		
Will you pray for and support the applicant (and family)?	[YES] [NC)]
Why do you commend this applicant?		
Then their eyes were opened and t	e e	Ū.

other, "Were not our hearts burning within us while he talked with us on the road and opened the Scriptures to us?" – Luke 24:31,32

Being a sponsor is the most important job of all in Emmaus. Here are some TIPS FOR SPONSORS:
Prayerfully consider anyone who may come to mind. Remember that Emmaus is a weekend designed to strengthen and renew the faith of Christian people.

- Explain what sponsoring means praying, possible cost contribution, family support, etc.
- Give frank honest answers to all questions about the weekend, especially the Thurs. night when everything's new.
- Discuss your Emmaus experience (without overloading the Pilgrim).
- Resources to help you are available for download from the website under Downloads www.emmaus.org.au
- Give them time to consider. Speak to them after further prayer.
- "Walk" your Pilgrim through the preparation, pray with them, maybe attend as a support person, be at the closing to take your Pilgrim home, follow up their Fourth Days, take them to any Emmaus Community activities.

PART 3 REGISTRAR'S USE ONLY

DATE APPLICATION RECEIVED:		DATE APPLICATION CONFIRMED:		
DEPOSIT/ FULL PAYMENT RECEIVED: \$		CHEQUE / MONEY ORDER / CASH / EFT PAYMENT		
PAYMENT DETAILS:	BANK	BRANCH:		CHQ NO:
	DRAWER:			EFT REF #
DATE ACCEPTANCE L	ETTER SENT:		BY:	E-MAIL / FAX / SNAIL MAIL
DATE SPONSOR LETT	ER SENT:		BY:	E-MAIL / FAX / SNAIL MAIL
BALANCE PAID: \$	(IF APPLICABI	LE)	CHEQUI	E/ MONEY ORDER/ CASH/ EFT PAYMENT
DATE OF PAYMENT				
PAYMENT DETAILS:	BANK	BRANCH:		CHQ NO:
	DRAWER:			EFT REF #